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ABSTRACT

This training guide is intended to increase the understanding and skills of Head Start managers and directors to: (1) identify the ways in which employee health affects the organization's effectiveness; (2) design training programs that encourage employees to improve their own health; (3) understand how the organization contributes to the overall health of its employees; and (4) implement policies that allow employees to enjoy the best health possible. Each of the guide's five modules details module outcomes, key concepts, background information, questions for discussion, learning activities, points to consider, and ideas to extend practices. Handouts are included for each module. Module 1 addresses the question, "why care about health in the workplace?" and focuses on the concerns that many managers and Head Start Policy Council members have about working on employee health issues. Module 2 addresses the question, "what does wellness mean for our staff members?" recasting worksite health promotion on a personal level. Module 3 addresses the issue of making changes in behavior for better health and applies the latest research and practice on self-change to the health needs of Head Start staff. Module 4 addresses creating a healthy organizational climate, and includes the work environment's effect on employee health. The final module takes these four broad principles and applies them to the significant staff health issue of being overweight. Contains 11 print and 3 organizational resources. (SD)

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ED 407 142

Training Guides for the Head Start Learning Community

Enhancing Health in the Head Start Workplace

PS 025375

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
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Head Start Bureau

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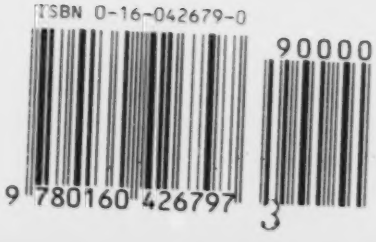

HEAD START®

Enhancing Health in the Head Start Workplace

Training Guides for the Head Start Learning Community

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

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Photo courtesy of Peggy da Silva, MPH, of San Francisco, Ca.

1996

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Preface

People come to their work in Head Start because they care about children, families, and their communities. Head Start employees are ambassadors. Their words and actions spread Head Start's messages of empowerment, diversity, caring, nurturing, and healthy futures for all children. The ripple effect from a healthy Head Start organization enhances the quality of life of many more people than the employees, or even program participants.

The organization and its employees are constantly giving, constantly shifting to meet one challenge after another. It's easy to get so involved in the day-to-day demands of an excellent early childhood and family support program that we forget to take the time to care for the organization and all its personnel. As Head Start managers and directors, we have reports to write, disputes to settle, outreach to conduct, and agreements to execute. When do we get the time to consider the myriad needs of staff? When is there time to consider our own health, let alone how our approach to wellness infuses our organization's well-being?

All Head Start managers realize the importance of nurturing and supporting their staff. ***Enhancing Health in the Head Start Workplace*** is filled with practical information on employee health and strategies for promoting both individual health and organizational health. As many businesses and corporations know, employee health affects the bottom line. In Head Start, the "bottom line" is an excellent program for the families in our communities. Only employees in good health—in the many connotations of that word—can offer excellent services. Therefore, time spent with employee health and team building, with ensuring a safe and well-functioning workplace, is time spent on meeting that bottom line.

This is a functional guide in the series *Training Guides for the Head Start Learning Community*. The foundation guide for the health section is ***Laying a Foundation in Health and Wellness***. The foundation guide introduces the concepts and skills needed to develop a strong Head Start health program. Staff who embrace those concepts will be positive role models for the families they serve. Use the foundation guide with staff first, and refer to it often. Other training guides in the series are referenced as appropriate.

Three notes of caution about using this guide:

- The activities are designed to enhance an already adequate Head Start organization. *This guide will not be useful for an agency in the midst of great change or difficulty*. Such an organization will need more intensive consultation in organizational development.

Preface

- Leadership of these activities can be a delicate challenge. *It is best to use staff or consultants who are well-trained and experienced in health education and organizational development.* The trainer/coach should have a strong grasp of sensitive issues that arise over health status and health behavior change, and over questions of healthy teams functioning in the special work environment of child care and family support.

- Leaders must create a safe situation in which change is possible. One way this can be done is to make maintaining confidentiality about sensitive health issues a priority in the organization. Also, supervisors will need to continuously check themselves to be sure they are not moving beyond *supporting* and into *pushing*. Environments can be made to encourage change—sometimes in strong ways—but real change is developed from within.

This training guide was developed over many months. We solicited ideas from the Head Start Bureau in Washington, D.C., regional ACYF offices, Technical Assistance Support Centers (TASCs), and Resource Access Projects (RAPs) for Head Start.

We thank the Head Start programs that allowed us to visit and field test activities and the many Head Start staff around the country who gave feedback during conferences and regional trainings. We revised many activities and concepts based on this feedback.

We hope you will enjoy these activities and learn ways to nurture and empower employees to seek their own wellness. Their wellness will spread to the entire community affected by Head Start.

Overview

Purpose

With ***Enhancing Health in the Head Start Workplace***, Head Start managers and directors will increase their understanding and skills to:

- Identify the ways in which employee health affects the organization's effectiveness.
- Design training programs that encourage employees to improve their own health.
- Understand how the organization contributes to the overall health of its employees.
- Implement policies that allow employees to enjoy the best health possible.

Audience

This guide is for Head Start directors, managers, and members of the grantee and/or delegate board, Policy Council, and Health Services Advisory Committee. It is for anyone who has influence over the physical and social setup of a workplace, employee health benefits, and the design of employee health training programs. The combination of activities provides management team members the opportunity to consider their own health and wellness, to collaborate with other managers to improve how they promote staff health, and to present the message of health promotion to staff in workshop or coaching sessions.

Performance Standards

Head Start Program Performance Standards require that staff be taught principles of "preventive health" and safety. The Performance Standards also require staff to teach children and parents positive health behaviors. Staff communicate healthy practices best when they themselves understand and commit to them.

Introduction

Orientation to the Guide

Enhancing Health in the Head Start Workplace gives managers and directors an overview of the important issues in planning health promotion activities or policies. The broad principles that apply to worksite health are outlined in the first four modules. Within the modules, some activities focus on health topics such as stopping smoking, team building, stress management, back injuries, and primary health care.

The possible topics are endless, so these topics are used as examples. They focus on building managers' skills in applying the broad principles to the topics most relevant to their own programs.

- ***Module 1: Why Care About Health in the Workplace?*** addresses the concerns that many managers and Policy Council members have about working on employee health issues.
  - Is it really important?
  - What have other companies done about this, and did it help?
- ***Module 2: What Does Wellness Mean for Our Staff Members?*** moves worksite health promotion to the personal level, thus assuring that it is meaningful.
  - What do our employees care about?
  - What is going on in the community that is important to our employees' health?
- ***Module 3: Making Changes in Behavior for Better Health*** applies the latest research and practice on self-change to the health needs of Head Start staff.
  - How do we use the worksite to support healthy behaviors?
- ***Module 4: Creating a Healthy Organizational Climate*** addresses the work environment's effects on employee health.
  - What is a healthy organizational climate?
  - How do we develop a healthy climate in our workplace?

Introduction

The fifth and final module takes the four broad principles and applies them to a significant staff health issue: being overweight. In the needs assessment that preceded development of these training guides, 50 health coordinators from Head Start programs nationwide were asked to identify major staff health needs; nearly all mentioned obesity. As a health concern, obesity is uniquely challenging. Science does not agree on a definition or level of medical risk; society has strong, sometimes conflicting, attitudes toward weight; millions of people are trying—usually unsuccessfully—to lose weight; cultural beliefs about nutrition, exercise, and attractiveness are often contradictory.

- ***Module 5: Weight and Wellness—A Classic Worksite Issue*** walks coordinators through the planning and application of strategies to help their staff members achieve healthy weights.
  - Why is this topic important to our workplace?
  - How do our staff members feel?
  - What strategies for change are effective with this problem?
  - How do we create a climate that supports physical and emotional health regarding weight?

> ***Trainer's note:***
>
> *If you don't want to address the topic of weight, apply the principles to a topic more relevant to your staff.*

Introduction

Each of the five modules contains learning opportunities for workshop sessions (12-25 people) and coaching (2-3 people). All have the following sections:

- **Outcomes** are the skills that staff acquire by participating in the module's activities.

- **Key Concepts** are the main ideas in each module. These sections can be used as handouts or overheads.

- **Background Information** elaborates on the key concepts. This section can be used as a coaching resource or as an outline for a group presentation. Background information sections also can be used for handouts or as overheads in workshops.

- **Questions for Discussion/Reflection** end each background section. These questions can initiate discussion in workshops or coaching sessions, or serve as prompts for staff journals.

- **Learning Activities** build the skills needed to achieve the outcomes. Managers can use workshop activities, coaching activities, or a combination by adapting activities to the size of the group, and to its composition: be it the management team, staff from one component area, or staff and board members together.

- **Points to Consider**, listed at the end of each activity, can be used as discussion prompts while working through the activity.

- **Next Steps: Ideas to Extend Practice** are additional activities to reinforce the expected outcomes and help transfer skills from the training sessions to the workplace.

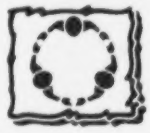
- **Handouts** are included at the end of each module to be reproduced as needed for participants.

Definition of Icons

Coaching

A training strategy that fosters the development of skills through tailored instruction, demonstrations, practice, and feedback. The activities are written for a coach to work closely with one to three participants.

Workshops



A facilitated group training strategy that fosters the development of skills through activities which build on learning through group interaction. These activities are written for up to 25 participants working in small or large groups with one or two trainers.

Next Steps:
Ideas to Extend Practice

Activities assigned by the trainer immediately following the completion of the module to help participants review key information, practice skills, and examine their progress toward expected outcomes of the module.

Continuing
Professional Development

Followup activities for the program to support continued staff development in the regular use of the skills addressed in a particular training guide. It includes:

1) opportunities tailored to the participant to continue building on the skills learned in the training; and

2) ways to identify new skills and knowledge needed to expand and/or complement these skills through opportunities in such areas as higher education, credentialing, or community educational programs.

Introduction

At A Glance

Modules	*Activity*	*Time*	*Materials*
Module 1: Why Care About Health in the Workplace?	Activity 1: What's *With* the Children Today? *(W)*	20-35 minutes	Handout A
	Activity 2: How Healthy Is This Workplace? *(C)*	30-45 minutes	Handout B
	Activity 3: The World of Workplace Health Promotion *(W)*	45-60 minutes	Handouts C: 1-4
Module 2: What Does Wellness Mean for Our Staff Members?	Activity 1: The Wellness Continuum *(W)*	25 minutes	Handout D
	Activity 2: Health Risk Appraisal *(C)*	40 minutes	Handout E
	Activity 3: Screenings Are Not Just for Kids *(W)*	30-40 minutes	Handouts F: Tables 1-4
	Activity 4: Culture, Community, and Health *(C)*	45-60 minutes	
Module 3: Making Changes in Behavior for Better Health	Activity 1: Affirming My Capabilities *(W)*	20-30 minutes	
	Activity 2: Batting Practice for Our Team: Parts I & II *(W)*	60-90 minutes	Handout G Handouts H: 1 & 2 Handout I
	Activity 3: Toward a Better Back *(W)*	30 minutes	Handout J
	Activity 4: Is My Colleague Ready for Change? *(C)*	30 minutes	Handout K
	Activity 5: The Self-Change Contract *(C)*	30 minutes	Handout L
Module 4: Creating a Healthy Organizational Climate	Activity 1: Goals and Roles *(W)*	30-45 minutes	
	Activity 2: Our Organization's Working Styles *(W)*	30-45 minutes	Handout M
	Activity 3: Supporting Healthy Behaviors *(W)*	30 minutes	Handout N
	Activity 4: Community Resources *(C)*	20 minutes	

	Activity	Time	Materials
Module 5: Weight and Wellness—A Classic Worksite Issue	Activity 1: Exercising Our Way to Better Weight Together *(W)*	45-60 minutes	Handouts K, O, P, & Q
	Activity 2: Consulting on Weight and Wellness *(C)*	45 minutes	Handout L

(C) = Coaching Activity
(W) = Workshop Activity

Coaching Preparation Note:

Coaching activities often ask the participants to go into the workplace or the community to talk with others, observe others' behaviors, or try out healthy behaviors themselves. The times in this chart include ***only*** *the time the participants and coach spend together.*

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Why Care About Health in the Workplace?

Outcomes

After completing this module, participants will:

- *Understand the connection between employee health and job performance.*
- *Describe how employees **and** their organizations benefit from workplace health promotion activities.*

Key Concepts

The workplace is ideal for developing and maintaining healthy habits because:

- **Most adults spend a great deal of time at work.**
- **It is often easier to make healthy changes in lifestyle with group support.**

People in helping professions must nurture themselves—at home and at work—to provide services to others effectively.

Each Head Start workplace is a unique environment that affects workers' health.

Health promotion activities at work can enhance job satisfaction, increase productivity, decrease absenteeism, and reduce health care costs.

Module 1

Background Information

A. Health in the Workplace

Health in the workplace has always been important. However, as the disasters of the Industrial Revolution demonstrated, managers did not always **care** about workers' health. The early labor movement directed some attention to workplace safety and health, and many labor unions today continue to focus on these issues. For the past 20 years, the number of companies sincerely concerned about workplace safety and employee wellness has increased dramatically because:

- Many businesses provide health insurance coverage to employees and are concerned when employee illness leads to higher medical care costs.

- The 1970s' "fitness craze" attracted many business leaders. They saw that their health improved through wellness activities and they wanted to make that level of health available to employees. Many people also realized the importance of work as a source of satisfaction and contributor to mental health.

- The connection between workers' health and their job performance became clear. Whether for a manager with many decisions to make and many staff to supervise, or for a worker on an assembly line—health matters. Job performance is compromised when the worker is struggling with health problems—mental, physical, social—at work or off the job. A work experience that fits the worker leads to personal health and higher productivity.

- It is the law. Congress established the Occupational Safety and Health Administration in 1970 to enforce laws and regulations related to workplace safety and health. Workplaces are required to provide safety equipment to workers, to post information about workplace safety, and to provide education on specific practices. Since OSHA was established, workplace fatalities have been cut in half.

B. The Power of the Group

Full-time workers spend more than a third of their waking hours on the job, so their workplace must be a good place to learn about and practice positive health behaviors. The physical and social environments at work are both important to health:

- The workplace can affect our health through:
  - lighting
  - air quality
  - safety of the doorways, stairs, and play areas
  - noise, violence, or natural beauty in the work area and surrounding neighborhood
- Co-workers can:
  - Be a great strength to others who are improving their health.
  - Establish norms and practices that are detrimental to health.
  - Support or hinder the day-to-day tasks on the job.

Staff members working together can improve their health by changing their workplace, social, and physical environments, and by supporting each other as they make changes for individual health or better work practices.

Although major challenges—mental illness, domestic violence, cancer, drug abuse problems—to the health of team members cannot be completely addressed by workplace intervention, each member's efforts to handle such problems can be supported.

C. Unique Challenges of the Head Start Workplace

The Head Start workplace presents unique challenges to employee health. It serves children, with all of the joys and frustrations that children bring to a day. It also serves families with limited finances who may be stressed in various ways. Since many staff members come from the communities they serve and have experienced the stresses Head Start families face, they may find special challenges in maintaining perspective and a professional distance from the families they work with.

Early childhood education and child care is a demanding profession that faces unique pressures:

- There is little down time; children are always "on."
- Emotions are engaged as fully as intellects.

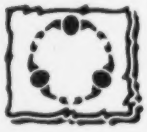
- Society undervalues the efforts of early childhood professionals.
- Child care providers are unrealistically expected to be even better than the average parent, while caring for children in the absence of their parents.
- The time for adult communication and problem-solving is limited.
- Staff may feel that they communicate better with children than with adults.

Because of these special issues, it is critical that child care workplaces set aside time for staff needs. And while it certainly is important when **any** worker's job performance suffers, the average librarian can have an off day and the books won't notice. Children are acutely aware of the equilibrium of those around them and very vulnerable to the effects of ill health on their caregivers.

Questions for Discussion/ Reflection

- If you have worked for many years, have you noticed a change in the attitude of staff and managers toward workplace health?
- Are there situations at your workplace that you believe enhance your health? Are there situations that you believe compromise your health?

Activity 1: What's With *the Children Today?*



Purpose: This activity demonstrates the strong interplay between staff wellness and children's behavior, and recognizes the impressive work of Head Start staff.

For this activity you will need:

- Name tags
- Flip chart paper and markers
- Writing materials
- Handout A: Scripts for Teachers

Step 1: Ask participants to form two groups—one group of three or four and a group of eight to 12. First group is composed of staff, second of children. Each group selects a recorder/observer. The groups will be acting out a scene at a Head Start program on a Monday morning.

Step 2: *Staff group* (smaller group): Each participant, except the observer, receives a script from Handout A: Scripts for Teachers. *Option: staff could write their own scripts.* Besides individual challenges, the Head Start program is undergoing significant expansion and must deal with lots of new families.

Step 3: *Children's group* (larger group): Each participant takes the role of a child in the Head Start program. Tell the group: Each of you write your name on the name tag and choose an age from six months to five years. You represent the range of children in Head Start—think for a moment about the child you are.

Step 4: Allow time for everyone to settle into their roles. Tell the "children" to open the scene by approaching staff with all of their normal needs on a Monday morning. The children may have to exaggerate their behavior a bit to create the needed effect.

Observers: Watch the interactions between the children and staff and take notes.

Step 5: After five to 10 minutes, stop the group. Ask children: Are your needs being met? Answer will likely be no. Ask participants to continue for five more minutes, acting like children whose needs are not being met.

Step 6: On a large sheet of flip chart paper, make four columns, two labeled "staff" and two "children." Under the "staff" column, write "do" and then "feel." Under the "children" column, write "feel" and then "do."

Call the group together. Ask recorders to report on what they saw.

- For staff group recorder: What did staff **do**? What **feelings** did you pick up?
- For child group recorder: How did children **feel**? What did they **do**?

Note responses on flip chart paper.

Step 7: Ask the groups:

- Do you have anything to add to what the recorders/ observers presented?
- How do staff cope with personal challenges in the face of children's needs?
- What personal health issues posed the biggest obstacle to staff dealing well with the children?
- How does this activity relate to your Head Start Center? How can you be better prepared to deal with the constant needs of the children in your care?

Points to Consider:

- The challenge of facing a number of children with lots of needs is great. We recognize the skills and commitment of all Head Start and child care providers.

- Children don't wait. Their needs are immediate. On the flip chart, we have noted that with children feelings come first, then they act.

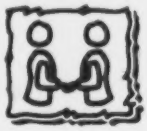
- Children need adults to help them to cope with day-to-day needs. They are not good at holding off their needs for a more convenient time. If not responded to, their demands escalate.

- Staff have learned to rise to the occasion—they often suppress their feelings so that they can get the job done. They also may feel that their own needs are not equally important—"this child needs me right now!" This is very helpful for the children—and the program—in the short run.

  However, there are long-term consequences in terms of staff wellness. People who are under constant pressure without support eventually lash out at others or develop stress-related illnesses.

Module 1

Activity 2:
How Healthy Is This Workplace?



Purpose: Managers get to consider the ways in which the Head Start workplace supports and diminishes the health of employees.

Two management team members might want to do this coaching activity together. It also could be used with less senior staff, with the manager as the coach.

For this activity you will need:

- Writing materials
- Handout B: Healthy Workplace Survey

Step 1: Meet with the staff who will be part of this coaching situation. Tell them about the overall concept of health in the workplace; let them know they will be looking at the Head Start workplace to identify positive and negative aspects of health in the workplace.

Lead a discussion of the ways health can be affected at work. Ask, What do you think of when you hear, "health in the workplace?" And: Why should we look at our place of work and its impact on our health?

Be sure to consider the physical environment, the type of work, and the norms of the work group regarding health-related behaviors such as smoking, exercise, or assertive communication.

Step 2: Distribute Handout B: Healthy Workplace Survey. Tell the participants they will be taking two to three hours over the next week to survey the workplace and note all health-supporting and health-diminishing factors. Tell them to look for both hard facts and anecdotes. Discuss where to look for records, statistics, and other information.

Step 3: After completing Handout B, participants discuss their findings. Ask them to identify one thing they can do to make their workplace more supportive of workers' health.

Step 4: Ask whether a group of staff members would compare their survey results, then present the findings to the Head Start Advisory Council (HSAC), management team, or the Policy Council.

Points To Consider:

- Workplaces affect health in many ways—some are obvious, others subtle. We have to look carefully for situations that affect health but may not be obvious.

- Sometimes it is easier to engineer a change in a person's workplace than to change her behavior. For example, it is simpler to install a handrail on a staircase than to convince people never to hurry down the stairs. On the other hand, making large changes in the workplace environment to increase safety can be very difficult. Think of the health hazards in your workplace—can they be addressed most effectively by personal change or by changing the physical setting?

Activity 3: The World of Workplace Health Promotion

Purpose: Participants learn of successful approaches at other companies and apply them to the needs of the Head Start workplace.

For this activity you will need:

- Handout C-1: Support Employee Health
- Handout C-2: Reduce Health Care Costs
- Handout C-3: Improve Employee Morale and Productivity
- Handout C-4: Reduce Absenteeism
- Four flip charts and markers

Step 1: Review for the group the general concepts of workplace health promotion from the background information. Companies with programs generally look for results in four areas:

- Support employee health (reduce risk factors for long-term chronic illness, promote health and encourage wellness, reduce illness and injury).
- Reduce health care costs.
- Improve attitudes, morale, and productivity of employees.
- Reduce absenteeism.

Step 2: Explain that this activity will hold four round-table discussions. Volunteers will be asked to lead the discussion in each of the four areas. The leaders will be given information about other companies' successful programs.

The round-table participants' task will be to develop approaches to the four areas that are most applicable to the Head Start situation.

Step 3: Ask for four volunteers, one to lead each group:

- Support employee health
- Reduce health care costs
- Improve attitudes/morale/productivity
- Reduce absenteeism

Give each leader the handout relevant to his group's topic. Ask each leader to take his position at one of four tables. At each table place a flip chart on which to write plans.

Step 4: Allow everyone a moment to get up, stretch, and give the leaders time to read their handouts. Then ask all of the participants to join the round table of the topic that most interests them. Ask the leaders to give a synopsis of the programs described in their handouts.

Step 5: Give each group 20 to 30 minutes to discuss its particular topic. Ask the members to talk about the following points and to be prepared to report back to the full group about their discussion.

Post these questions on a sheet of paper visible to all:

- What are the issues in Head Start around this general topic?
- What have other employers tried?
- What could our Head Start program try?
- What are the barriers to our health promotion efforts?
- How will we address those barriers?
- What one health promotion activity do we plan to introduce? Outline a plan to introduce this activity.

Step 6: Gather the groups together and ask each small group to report on its suggestions.

Points to Consider:

- Health promotion activities can have wide-ranging benefits that cross the various benefit groups.
- While companies are very different, you can learn from the efforts of others. Ask the group if anyone knows of any Head Start programs that have successfully instituted workplace health promotion activities.
- Evaluation of worksite health promotion is difficult. Only a few companies have conducted rigorous evaluations; others could probably give anecdotal evidence of improvement in workers' health and other benefits.

Next Steps: Ideas to Extend Practice

1. Based on information gathered in the activities, plan two things that would improve health in your workplace. First, make a physical change, something in the setup or layout of your center. Involve all of the staff in the second change; for example, agree to help each other to have a moment of respite when needed during a hectic day.

2. The new Smoke-Free Policy at Head Start centers is an excellent example of a change in the workplace that promotes health. Review Information Memorandum Log No. ACYF-IM-HS-95-19. Consider the facts on smoking and health and the guidelines for the policy. Choose several people to interview about this policy. Talk with front-line staff, managers, parents, Policy Council members and Head Start Advisory Council (HSAC) members. What is their perspective on this policy? Is it working well? Have there been problems? Prepare a report for the Policy Council, including suggestions for changes to improve implementation.

3. The federal Occupational Safety and Health Administration (OSHA) and state offices with similar responsibilities protect workers' safety in various ways. What OSHA regulations are important in the child care setting? (Suggestions: lifting limits, fall protection, infectious disease control, computer workstation design.) Contact your local, federal, or state OSHA office to arrange a visit to your Head Start center to discuss health and safety issues with staff and interested parents. OSHA offices offer free consultation to help workplaces improve health and safety. *See* Resources.

4. With a group of managers or Policy Council members, assess the cost to your program of a specific health problem. What health problem is common among your staff? Following is an example of one calculation:

   Equitable Life Assurance estimated the cost of one person with a chronic headache in 1978 at $3,394.50 per year[1]:

a. Visits to employee health center	473.14
b. Time away from work	56.61
c. Work interference due to symptoms	2,206.95
d. Work interference affecting supervisors	72.80
e. Work interference affecting co-workers	542.88
f. Work interference affecting subordinates	42.12

[1] J. Manuso, "Testimony to the President's Commission on Mental Health, Panel on Costs and Financing," *Report of the President's Commission on Mental Health*, (Washington, D.C.: U.S. Superintendent of Documents, 1978), vol. 2, appendix.

Handout A: Scripts for Teachers

Susan's Story

Susan, a Head Start family service worker/classroom aide, arrived at work this morning with a bad cold. She has two children at home with the same symptoms. Her three-year-old was up most of the night with a cough. Susan feels she should be home with her children, but she knows that the other family service worker is attending a funeral today. Her mother is at Susan's house taking care of the children—Susan got up at 5 a.m. to bring her mother across town to her house.

Lei-Chun's Story

Lei-Chun is a young Head Start teacher's aide. She has lived in this country for only two years, and finds the culture challenging but interesting. She wants to be as "American" as possible. However, her parents find many things wrong with American culture and want Lei-Chun to behave as a proper girl from her home country. Over the weekend, Lei-Chun argued fiercely with her parents about her friends. Just last night, she told her parents that she is planning to move out of the family home to live with her boyfriend, and that made them angry. Lei-Chun also worries about the financial implications of setting up a household on two small salaries.

Matthew's Story

Matthew is the head teacher in this Head Start classroom. He enjoys his work and does his best to prepare the children for their futures. He lives only three blocks from the Head Start Center, and is very active in community activities. His neighbors recently gained control of some property that has been neglected for years—overgrown with weeds and a site for drug dealing and other unsavory activity. This property is now going to become a community garden, but the neighbors must work quickly to transform it, build fences, and be sure that no one trashes it. Matthew spent all weekend putting up fences, digging holes, planting fruit trees, and supervising neighborhood teenagers on the construction crew. His back is killing him!

For use with Activity 1

Handout B: Healthy Workplace Survey

Instructions: Consider how your Head Start workplace affects health. First find who keeps various types of information. The following questions are just a beginning, a springboard from which to launch a closer look at your workplace, and really consider how health is supported or diminished there.

(1) Statistics on Injuries/Illnesses

a. What staff injuries occurred at your center in the last year?

b. Which injuries were the most common?

c. Which staff illnesses could have been caused through exposure at the workplace?

d. Which illnesses were the most common?

Other Notes on Injuries/Illnesses:

For use with Activity 2

Handout B: Healthy Workplace Survey *(continued)*

(2) The Physical Environment

a. What is it like to walk around your center? Are the walkways clear?

b. Are the stairways safe (not too steep, slip-resistant)? Are there handrails?

c. Are items stacked so that they could fall on staff or others?

d. Are all the items that you need in your work within reach?

e. Is the play area outside clean, clear of debris, and shaded from the hot sun?

f. Are exit doorways clearly marked and easy to use?

g. Do the windows open to allow fresh air in the building, or does the air flow adequately through an internal ventilation system?

h. How are the administrative workplaces set up? Enough light? VDT screens? Chairs that support the lower back? Wrist rest-pads for typists?

Other Notes on the Physical Environment:

For use with Activity 2

Handout B: Healthy Workplace Survey *(continued)*

(3) Office/Center Norms Related to Healthy Behaviors

a. What kind of snacks are served at staff meetings?

b. What beverages are available and usually consumed? Coffee, tea, juice, soda...

c. Is it easy to get a drink of water?

d. What is the staff's attitude about those who exercise during breaks?

e. Is there support for time to vent, relax, or get away from a trying situation?

Other Notes on Norms for Healthy Behavior:

For use with Activity 2

Handout B: Healthy Workplace Survey *(continued)*

(4) Health Promotion Activities

a. Does your center promote any organized health activities? (Walking groups, healthy eating clubs, support groups for weight management, smoking restrictions, etc.)

b. Are employees regularly screened for cholesterol level, blood pressure, various cancers, or other health indicators?

Other Notes on Health Promotion Activities:

(5) Health Education Opportunities

a. Does your program have health education materials for employees?

b. Do you have speakers or discussion groups on health topics?

Other Notes on Health Education:

For use with Activity 2

Handout C-1: Support Employee Health [2 3 4]

South Central Community Head Start began a special wellness program in 1988, focusing on fitness, weight loss, and healthy eating. When the staff members started, only six exercised regularly, yet the entire staff calculated that collectively they were 2,155 pounds overweight. After two years of the program, 90% of the staff members were exercising at least three times per week and, with 100% of staff members participating in the wellness workshops, they had lost 375 pounds.

The Police Department in Northrhine-Westphalia, Germany, developed a stress-management program in 1983 to enable police officers to handle their daily duties more effectively by reducing stress and improving communication. Some officers got extensive training, then trained others. After four years, they claimed a drastic reduction in the use of guns (demonstrating improved coping skills) and fewer complaints by citizens at police stations.

New England Telephone banned smoking in all work areas, offering free on-site stop-smoking classes. Twenty months later, the company surveyed employees and found that 21% of respondents who smoked at the time of the ban had quit, a much greater impact than expected.

Rohm & Haas studied the relationship between participation in the company's physical fitness program and employee fitness. The researchers found that employees in the fitness program significantly improved in several health and fitness measures, including blood pressure, weight, endurance, and overall fitness.

Baltimore County School District instituted a wellness program for staff, featuring fitness rooms, health screenings, and walking teams. Teachers reported fewer colds and being better able to deal with stress on the job. Blood pressure and breast cancer screenings resulted in early detection of life-threatening illnesses.

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[2] National Resource Center on Worksite Health Promotion, *Promoting Health at Work*, (Washington, D.C.: 1992).

[3] Stephen M. Weiss, Jonathan E. Fielding, and Andrew Baum, eds., *Health at Work*, (Hillsdale, New Jersey: Lawrence Erlbaum Associates, 1991).

[4] NEA Today, "Wellness at Work." (February 1992).

For use with Activity 3

Handout C-2: Reduce Health Care Costs [2 3 4]

Northern Telecom's health program combined information, environmental change, social support, and primary and secondary prevention services to motivate employees to practice healthy behaviors and use the health care system wisely. The company analyzed insurance claims data on diagnostic categories likely to be affected in the short run by lifestyle change and found total costs dropped 5.8%. The program's return on investment was three to one.

AT&T instituted a comprehensive health promotion program called Total Life Concept (TLC). Core components are: exercise, back care, weight management, smoking cessation, blood pressure control, cholesterol/nutrition monitoring, cancer screening/awareness, stress management, and interpersonal communications. The savings associated with the 1,000 employees who quit smoking are an estimated $4,000 per employee per year. These employees will visit a doctor less often, have fewer total sick days when faced with a serious illness, and enjoy a heightened quality of life.

Control Data began StayWell in 1978. The program includes an awareness phase for managers and employees; two health-risk assessments—one for the organization and one for individual employees; and a behavior change phase with instructor-led and self-study courses on fitness, smoking cessation, stress management, driving safety, nutrition, weight control, back care, and health care consumerism. The activities can be used as a coordinated program or stand-alone.

The company hired an actuarial firm to study excess costs of bad health habits. They divided employee health behavior into three risk categories. The excess claims of the high-risk group over the low-risk group were 11% for weight, 114% for exercise, 118% for smoking, 11% for hypertension, and 113% for seat-belt use. Looking more closely at one risk: seriously overweight employees are 48% more likely to have claims exceeding $5,000 during a one-year period than those at normal weight levels.

GE Aircraft Engines of Cincinnati, Ohio, compared medical costs for members of its fitness center with a control group of nonmembers. They found that although members experienced higher medical costs than the control group prior to joining, members' medical costs were significantly lower 18 months later. The study concluded that the fitness center helped control costs by increasing the speed with which members recover from illness. GE Aircraft Engines estimated its annual savings at $540,000, plus productivity savings of 760 fewer days spent in the hospital per year.

For use with Activity 3

Handout C-2: Reduce Health Care Costs (*continued*)

McDonnell Douglas Corporation restructured its Employee Assistance Program (EAP) in 1995 to add more effective early intervention for employees with substance abuse or mental health problems, greater involvement of supervisors, more intensive tracking of employees during treatment, and long-term follow-up. A five-year cost-benefit study revealed that the restructured EAP yielded a return on investment of four to one, a projected savings of $5.1 million over the next three to four years.

Coca-Cola targeted back injuries in its disease and disability prevention programs, offering daily stretching activities and workshops on back care and exercise. Special Nautilus machines to enhance back safety are available at 12 bottling sites. The four-minute daily stretching program alone saved the company $300 per employee per year in employee replacement costs.

Levi Strauss & Company reduced the number of low birth weight babies among its female employees through its Healthy Beginnings prenatal health program. A pregnant employee responds to a questionnaire on medical history and lifestyle and, if found at risk for delivering a low birth weight baby, she receives regular telephone calls from a nurse to answer questions, remind her of doctor appointments, and remind her to follow her doctor's advice. Employees not at risk can call the nurse with questions about pregnancy and childbirth. Research shows that every instance of low birth weight baby averted by prenatal care saves $14,000 in health care costs.

Baltimore County School District instituted a wellness program for school staff that offered fitness rooms, health screenings, and walking teams. The coordinator reported that last year Baltimore County's insurance rate increase was the lowest in the state. The wellness program definitely played a role. Blood pressure and breast cancer screenings resulted in early detection of life-threatening illnesses.

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[2] National Resource Center on Worksite Health Promotion, *Promoting Health at Work*, (Washington, D.C.: 1992).

[3] Stephen M. Weiss, Jonathan E. Fielding, and Andrew Baum, eds., *Health at Work*, (Hillsdale, New Jersey: Lawrence Erlbaum Associates, 1991).

[4] NEA Today, "Wellness at Work," (February 1992).

For use with Activity 3

Handout C-3: Improve Employee Morale and Productivity [2 3 4]

Tenneco started a comprehensive health promotion program with fitness as the most important component. Strong white-collar employee participation in the on-site exercise program correlated with above-average job performance. During a four-year period, turnover was significantly higher among non-exercisers than among exercisers after taking into account age, gender, general job category, and duration of employment.

AT&T's health promotion program is called Total Life Concept (TLC). Core components are: exercise, back care, weight management, smoking cessation, blood pressure control, cholesterol/nutrition monitoring, cancer screening/awareness, stress management, and interpersonal communications. AT&T employees participating in TLC reported feeling more productive and energetic, and that the quality of their work life improved as a result of the program. They also reported feeling more positive toward AT&T, co-workers, and their supervisors.

Baptist Medical Center of Columbia, South Carolina, asked supervisors to rate employee performance and attitudes before and after participating in the center's Target Life health promotion program. Work performance, satisfaction with work, absenteeism, and behavior problems all had improved.

Southern California Edison (SCE) introduced its disease prevention program at the same time it proposed the first changes in its health benefits plan in 37 years. The company attributes the success of labor negotiations over these changes in benefits to the perception that the disease prevention components are beneficial to employees. The *Good Health Rebate* and the *Preventive Health Account* programs emphasize to employees the connection between disease prevention and cost savings, and enhance SCE's image as a company that promotes health.

Conoco employees reported in a survey that implementation of a health and fitness center was a positive sign from management. More than three-quarters said that the health and fitness center affected the work atmosphere positively.

For use with Activity 3

Handout C-3: Improve Employee Morale & Productivity *(continued)*

Holyoke/Chicopee Head Start began offering health and dental insurance coverage, tuition reimbursement, and other perks to attract and nurture quality personnel. The organization was named 1995 Nonprofit Employer of the Year by the Employers' Association of Western Massachusetts. Staff greatly appreciate the support offered to them in their own health care and advancement of personal and professional goals.

[2] National Resource Center on Worksite Health Promotion, *Promoting Health at Work*, (Washington, D.C.: 1992).

[3] Stephen M. Weiss, Jonathan E. Fielding, and Andrew Baum, eds., *Health at Work*, (Hillsdale, New Jersey: Lawrence Erlbaum Associates, 1991).

[4] NEA Today, "Wellness at Work." (February 1992).

For use with Activity 3

Handout C-4: Reduce Absenteeism [2345]

Control Data began StayWell in 1978, and has refined the program over time. StayWell includes an awareness phase for managers and employees; two health-risk assessments—one for the organization and one for individual employees; and a behavior change phase with instructor-led and self-study courses on fitness, smoking cessation, stress management, driving safety, nutrition, weight control, back care, and health care consumerism. The activities can be used as a coordinated program or stand-alone.

Control Data looked at health risks related to absenteeism in six areas: smoking, weight, nutrition, exercise, stress, and seat belt use. Except for nutrition, high-risk individuals were absent due to illness more than low-risk individuals. As the number of risk factors of an employee rises, so does absenteeism.

Du Pont evaluated its workplace health program in a two-year study involving more than 40,000 blue-collar employees. The company found that work sites with the program reported a 14% decline in disability days, compared with a 5.8% decline at non-program sites. By the end of the second year, the health promotion program returned $2.05 for every $1 invested due to lower disability-related absenteeism.

The Travelers Insurance Company estimated it saved $3.40 for every $1 invested in health in 1990. Travelers' program, Taking Care, includes information and programs for lifestyle management and medical self-care, and a fitness center. A significant portion of the savings resulted from reductions in program participants' absenteeism, which declined an average of 1.2 days per participant.

Johnson & Johnson's program Live for Life includes: (1) a health screening that includes questionnaire, health measurements, and counseling; (2) a communications program that includes newsletters, health fairs, contests, posters, etc.; (3) a lifestyle seminar to introduce employees to the program; and (4) a variety of behavior-change-oriented action programs on subjects such as how to stop smoking, control weight, manage stress, reduce blood pressure, eat better, and keep fit.

Johnson & Johnson evaluated the impact of its employee health promotion program at nine work sites over a three-year period. Mean levels of absenteeism among wage earners who had access to the program declined over the study period and were significantly lower than mean absenteeism levels among workers not exposed to the program.

For use with Activity 3

Handout C-4: Reduce Absenteeism (*continued*)

General Mills compared absenteeism rates of field sales employees who participated in a voluntary, self-directed health promotion program with field employees who did not participate. Before the program began, the absenteeism rate for both groups was the same. With the program, the rate of absenteeism among participants dropped significantly compared to the nonparticipants' rate.

Sisters of Providence Hospital set up a Wellness Challenge program to improve the overall health of their workforce while reducing medical and workers' compensation claims. Staff members could earn a $250 wellness bonus for meeting criteria in stress management, injury prevention, on-site massage, cancer prevention, nutrition and exercise education, weight management, smoking cessation, cholesterol education, quarterly health screenings, wellness video library. Employees who reached the established criteria were called "Wellness Winners." These employees used 1,224 hours less sick leave from 1991 to 1992 and lowered health-care-use costs by $55,924 during that same period.

Decker Family Development Center (DFDC) provides a nurse practitioner on-site who handles most primary health care needs for the program's children. DFDC has also made the nurse practitioner's services available to staff members for questions and assessment of health issues for themselves and their children. This access to quality primary health services has allowed staff members to reduce absenteeism because they can get concerns addressed on-site rather than taking time off from work for medical appointments or treatment for minor conditions. Conditions handled on-site include ear infections, annual physical exams, ringworm infections, and TB tests.

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[2] National Resource Center on Worksite Health Promotion, *Promoting Health at Work*, (Washington, D.C.: 1992).

[3] Stephen M. Weiss, Jonathan E. Fielding, and Andrew Baum, eds., *Health at Work*, (Hillsdale, New Jersey: Lawrence Erlbaum Associates, 1991).

[4] NEA Today, "Wellness at Work." (February 1992).

[5] Office of Disease Prevention and Health Promotion, *Health Promotion Goes To Work: Programs With An Impact*, (Washington, D.C.: U.S. Dept. of Health and Human Services, 1993).

For use with Activity 3

What Does Wellness Mean for Our Staff Members?

Outcomes

After completing this module, each participant will:

- *Have developed a personal definition of her own wellness, which will frame her efforts toward personal change.*
- *Identify those aspects of community and culture that she will use to support wellness activities, and those aspects that must be changed to improve her wellness.*

Key Concepts

A person's situation, family, and health history create the starting point on the journey to wellness.

Primary health care includes services from health care providers and all of the self-care activities that prevent illnesses and injuries.

Wellness is a continuously evolving principle for each person, and represents a goal of health, which is "the best way it can be!"

Module 2

Background Information

A. Health and Wellness Within Community

Each of us is born into a situation that affects our health. Our situation can have positive features: loving parents, clean air, safe places to play. There also can be negative aspects: a crowded housing situation, violent neighbors, not enough money for food and clothes, a family history of alcoholism or other disease.

As we consider ways to be healthier, it is important to understand how our cultures and communities support our efforts to be healthy. Sometimes we must work around situations that do not support us. Sometimes we can identify certain people who help us to feel healthier. We also look for places where we can do healthy things: eat nourishing foods, get exercise, stop smoking.

We can work with others to improve the social and physical environments of where we live, work, and play. It is most effective for individuals to share their concerns and set common goals to achieve change.

B. Primary Health Care Services and Self-Care

Much money and attention are paid for dramatic surgeries and lifesaving emergency medical actions. These are wonderful when needed. However, we can keep ourselves from most illness and injury if we take advantage of simple health services: screenings such as mammograms and cholesterol checks, family planning, immunizations, and regular dental cleanings. We can help prevent ill health and injuries by washing our hands, taking time to relax, eating nutritious food that is low in fat, and wearing car seat belts.

C. Wellness Is Health "The Best Way It Can Be!"

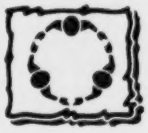
After we take care of the basics of our health, we realize what can be changed in our situations and what cannot (at least for the moment!). Then we work for the best health we can achieve. "Health" may be the same for everyone—we **all** feel healthy when we don't have a cold or other illness, we **all** need air to breathe that is low in pollutants, and we **all** need enough food to give us energy to go on—but wellness is a very individual concept. Whatever our age, or our physical or mental capabilities, whatever our living situations, we decide for ourselves what "wellness" means. It is important to know our own definition of wellness, because that ideal picture is what gives us the motivation to make whatever changes are necessary to improve our health.

Questions for Discussion/ Reflection

- How do you think your community is affecting your health?
  - positively?
  - negatively?
- How do you keep yourself healthy?
- When do you feel the "best you can be"?
- What positive health belief or practice is common in your circle of friends, family, culture?

Module 2

Activity 1: The Wellness Continuum



Purpose: Participants will define "wellness" as the first step in making plans for healthy behavior change. Two concepts are important:

- Wellness is defined personally and differs for each person.
- Wellness is a condition of well-being beyond the absence of disease or pain.

For this activity you will need:

- Handout D: What Is Wellness?
- Writing materials

Step 1: Explain that we will be working on an overview of health, and that describing a picture of our own health is the first step. Ask the participants to get comfortable, close their eyes, and relax. Take a few deep breaths.

Read aloud, at a relaxed pace, the following:

"Commend yourself for being part of this workshop. We are trying to build a better health program for our Head Start Center, and we know that health begins with us. The healthier we are, the healthier our interactions with children and families can be.

"This is an imaginary journey through a day in your life. It can be a day which has actually happened, or you can make up this day as we go along. It is your day—no one will ask you to share more about it than you want to.

"I would like you to imagine yourself waking up in the morning. Where are you? Is anyone with you? What is it like in your room, your space? This is a 'perfect day,' remember, so think about how you wake up... Now imagine getting out of bed... shower, breakfast, coffee... What do you think of doing this morning?... Who is with you?... Where do you go? What is the weather like?... It's around noon... Is it lunchtime?... Time to go shopping or take a walk?... Alone or with others?... What do you do?... How do you spend the afternoon?... What do you do

in the evening?... Imagine yourself going to bed... How do you feel?... Are you very tired from lots of activity or are you full of energy and willing to stay up late?

"Now take a few deep breaths and bring yourself back to the room."

Step 2: Ask the group to think about their "perfect day" and make notes on what made it "perfect." Was it time alone? Time with friends? Lots of activity? A feeling of contentment because someone else was taking care of details?

Ask the group if there are any difficulties—for example, someone whose "perfect day" is unattainable, which makes the person unhappy. If that is the case, focus on the specific "goodness" that the person values—something achievable. For example, someone might visualize being the richest woman on Earth and waking up in a palace. Try to discover the feeling that she is seeking, and that it is probably, at least somewhat, achievable through resources near at hand. Generally, it is quite OK to dream!

Step 3: Distribute Handout D: What Is Wellness? Ask participants to look at the arrow, noting that the middle of the line is "not sick." Consider that their "perfect day" is probably their definition of high-level wellness, indicated at the right hand side of the page. Reinforce the idea that wellness is a very personal goal. Each individual will be different.

Ask participants to think about how they feel day-to-day. Ask them to mark an "X" on the continuum to indicate where their day-to-day life falls. There are many reasons for the differences between our "perfect day" and our everyday life. Some of these are in our control, others are not.

Now in the first section underneath the arrow, ask them to:

- Make notes regarding the features of your day that contributed to wellness.

In the second section ask participants to:

- Make notes indicating the forces—positive and negative—that contribute to your current state of wellness.

- Consider things that you do yourself—such as eat well and read—and forces that affect you within your community and culture, including commitments that sap energy, a stream running nearby that gives a peaceful feeling, a neighbor who is difficult.

Step 4: Discuss the concepts of Illness, Midpoint, and Wellness and emphasize the personal nature of the definitions, yet the ways that people's common experience shapes our common definitions.

Points to Consider:

- Look at the arrow. Notice that there is a middle point labeled "not sick." Our medical care system can get us to this level. The screenings and well-care that our system offers are important to this level. We need services and self-care (breast self-exam, brushing and flossing teeth, food safety, clinical care for illnesses) to get us to that level. Anyone with a mark lower than this midpoint probably needs some medical care, self-care, or screening.

- Beyond the midpoint, we move toward wellness. Imagining our perfect day gives us a picture of our personal definition of wellness. We all probably share some desires for wellness, but each of us has individual needs and desires, too. In planning to improve our own health, we must look at what we want. Items listed under "what I could do to improve my wellness" are what each person is willing to address. Items not listed are things the person probably is not ready to change.

- Do this activity at the beginning of staff wellness activities—or as an initial activity for the group that is planning the activities. Staff should keep their own arrow throughout the activities. Consider how each mark moves over time. We hope that it will move toward wellness. Each person's definition of wellness will get modified as he moves toward the goal.

- This is a touchstone for people, what is real for them. Only if wellness activities help people move toward their **own** concept of wellness will they be interested in the activities.

Activity 2: Health Risk Appraisal

Purpose: Participants get a clear picture of their health status, using computer-generated data from a national sample of the same age and sex.

For this activity you will need:

- One copy of Handout E: Personal Risk Analysis Questionnaire for each participant
- #2 pencils

> ***Coach Preparation Note:***
>
> *Many versions of the Health Risk Appraisal (HRA) are available. One example is included here. Costs of calculating an HRA vary, but expect to pay about $15 per questionnaire for processing. We recommend that you fill out the HRA to get familiar with the instrument and arrange the activity for staff members. Before meeting with your staff, find out what health promotion programs and counseling are available in the community. Recruit health educators, nurses, or other medical professionals or students in university health care programs to act as HRA counselors. Your organization's insurance carrier might have health education staff who can help.*

Step 1: Present the Health Risk Appraisal (HRA) to your staff participants. Be up-to-date on current recommendations for cholesterol levels, adult exercise requirements, and weight/height information.

Step 2: Give each participant a copy of Handout E: Personal Risk Analysis Questionnaire. Tell them to look it over and to ask any questions about the form. Explain that this form is confidential. Make arrangements so that staff can turn in their forms confident that other staff members won't look at them.

Step 3: Participants fill out their forms in private, and turn them in without name attached. The forms are scored on-site or sent to the central office for scoring.

Step 4: Return scored forms to the participants without reviewing them, since this is confidential information. See the following pages for a sample of the "Personal Health Risk Report" that each staff member will receive. Let them know that they now have four options:

1. Make an appointment to go over the report with you, if they wish you to offer health counseling. At this meeting, be prepared to offer suggestions to support any changes the staff person wishes to make. Have information about community programs to help them stop smoking, lose weight, get dietary counseling, receive screening and begin other healthy practices.

2. Pair up with a peer to review reports and discuss possible health behavior change. These partners should be prepared to offer each other ongoing support.

3. Meet with one of the community counselors to get an interpretation of the report and plan behavior change.

4. Keep their information to themselves but use it for encouragement in whatever self-change they choose.

Step 5: Meet with your management team, review the "Group Risk Summary Report," which profiles the health status for the entire employee group. Discuss how to address common health risks of your group.

Points to Consider:

- People will have varying responses to the HRA printout. Some will get positive messages about their health behaviors and some may be discouraged by the risks they see. Be prepared to support and encourage. Everyone can make some changes that will improve health and longevity.

- Based on the HRA information, managers can decide which health promotion activities their employees most need and desire. If some behavior change is *needed,* but is not recognized by the employee(s), the HRA sometimes can be the extra nudge that makes the risk real, which leads to motivation to change.

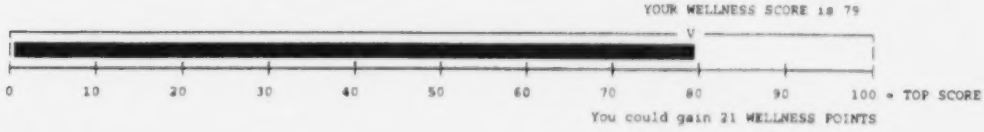
Personal Health Risk Report—*Sample Copy*

Personal Health Risk Report

This is the only copy of your personal and confidential health risk report.

123123123 Female Age 34 October 27, 1995

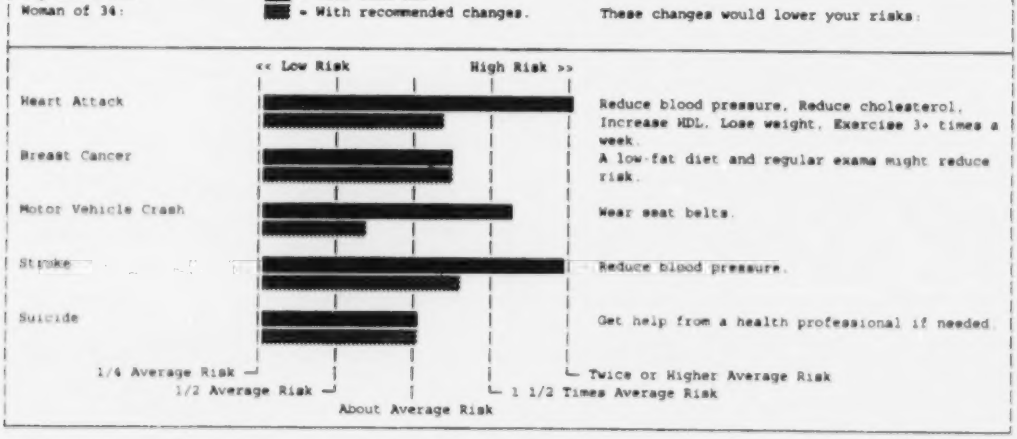
There are some factors affecting your health that you can't change - like your sex and age. Other factors are under your control. This report stresses those things that **YOU CAN DO** to protect your health.



Based on your answers to the PRA Risk questionnaire, your Wellness Score is 79. By making the recommended changes, you can increase your score to a maximum of 100 points.

GOOD HABITS	TO IMPROVE YOUR RISK PROFILE:	WELLNESS POINTS TO GAIN:
• Low alcohol risk	- Exercise 3 or more times a week	6
• Safe driving speed	- Lower blood pressure from 156/94 to under 138/88	5
• You don't use smokeless tobacco	- Always wear your seat belts	5
• You don't smoke	- Improve your HDL level	2
	- Lower cholesterol from 210 to under 200	1
	- Get regular pap tests	1
	- Reduce your weight (target range: 112-124)	1

This chart tells how you rank on leading health risks for a woman of 34:


Top Risks for Woman of 34:
= Your risk now.
= With recommended changes.
These changes would lower your risks:
<< Low Risk
High Risk >>
Heart Attack
Reduce blood pressure, Reduce cholesterol, Increase HDL, Lose weight, Exercise 3+ times a week.
Breast Cancer
A low-fat diet and regular exams might reduce risk.
Motor Vehicle Crash
Wear seat belts.
Stroke
Reduce blood pressure.
Suicide
Get help from a health professional if needed.
1/4 Average Risk
1/2 Average Risk
About Average Risk
1 1/2 Times Average Risk
Twice or Higher Average Risk

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Personal Health Risk Report—*Sample Copy (continued)*

123123123 Female Age 34 Page 2 October 27, 1995

ROUTINE PREVENTIVE SERVICES FOR WOMEN YOUR AGE
Dental exam
Blood Pressure and Cholesterol test
Pap smear test
Rectal exam
Rubella vaccine (if not already immune)
Tetanus-Diphtheria booster shot (every 10 years)

GENERAL RECOMMENDATIONS FOR EVERYONE
* Exercise briskly for 15 - 30 minutes at least three times a week
* Use good eating habits by choosing a variety of foods that are low in fat and cholesterol and high in fiber
* Learn to recognize and handle stress - get help if you need it

********** YOUR PERSONAL BASIC HEALTH MEASURES **********

Blood pressure:	156/94	** indicates High Blood Pressure **
		The ideal range is 138/88 or under
Cholesterol:	210 mg/dl	** indicates High Cholesterol **
		The ideal range is 200 or under
HDL:	38 mg/dl	Ratio: 5.5
Diabetes:	NO	You reported that you don't have diabetes.
Weight:	158 lbs.	Height: 5' 3" ** about 34% overweight **
		The ideal range for SMALL frame is 112 - 124

*** MORE ABOUT YOUR PERSONAL RISKS... WITH SUGGESTIONS ***

YOU'RE A NON-SMOKER:
By not smoking you have avoided THE number-one preventable cause of illness and death.

YOUR BLOOD PRESSURE - 156/94 - IS HIGH:
Hypertension (high blood pressure) is too serious a condition to be treated lightly. Your blood pressure is higher than it should be. Be sure to monitor your blood pressure regularly and follow your doctor's suggestions concerning medication, exercise, diet, and weight control.

YOUR CHOLESTEROL - 210 - IS MODERATELY HIGH:
It is a good idea to know your level and try to keep it below 200. Limiting fat and cholesterol in your diet, and exercising regularly are your best lines of defense. Get your cholesterol level checked again in six months.

WEIGHT:
Your weight of 158 pounds is over the desirable maximum of 124 lbs for your height of 5' 3" and SMALL frame size. Reduce your weight to the desirable range (112 - 124 lbs) with a program of sensible diet and exercise.

EXERCISE: LESS THAN ONCE/WEEK
Regular exercise will help you maintain your ideal weight and optimal health. Pick activities you enjoy, and get going on a fitness program that will improve your health.

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Personal Health Risk Report—*Sample Copy (continued)*

PAP TEST:
It is in your best interest to have a periodic Pap Test. Remember, cervical cancer is curable if found early. Don't delay in making an appointment.

MAMMOGRAM:
It is recommended that you get a baseline mammogram between the ages of 35 and 40.

BREAST EXAM:
You can take precautions against breast cancer. By practicing breast self-examination every month, your chances of discovering a problem early (while it can be treated effectively) are greatly increased. Additionally, you should get a clinical breast exam by a doctor or a nurse every year.

A SPECIAL MESSAGE FOR WOMEN:
Because you are a woman, you are at risk for developing brittle bones (osteoporosis). Your best defense is to eat a balanced diet with enough calcium, get regular exercise, and don't smoke. Osteoporosis is a preventable disease.

Remember that early and frequent prenatal care is important for both mothers and babies. If you become pregnant -- get medical care early, avoid tobacco and alcohol, and eat a balanced, healthy diet.

OCCASIONAL SEAT BELT USE:
Each year automobile accidents kill and cripple tens of thousands of people. It is the number-one cause of death for people under 40. By wearing seatbelts all the time you will greatly decrease your chance of serious injury or death.

DIETARY FATS:
You reported that you eat foods like fatty meats and eggs every day. At any age, eating a lot of food high in saturated fat is risky. It can lead to problems like hardening of the arteries (arteriosclerosis) and obesity. You can help by eating less fried foods, meat, cheese, and whole milk.

DIETARY FIBER:
You reported that you don't eat high-fiber foods on a daily basis. Eating high fiber foods reduces your risk of certain cancers. Fiber should be part of any balanced diet. Examples of high fiber foods include: whole grain cereals and breads, fruits, and some vegetables like peas and beans.

YOUR ALCOHOL USE, 5 DRINKS PER WEEK, IS MODERATE:
By keeping your alcohol consumption at a moderate or low level, you help protect your health, your family, and your career.

IF YOU ARE SEXUALLY ACTIVE:
You can prevent sexually transmitted diseases, including AIDS, as well as preventing unwanted pregnancies, by safe sex practices such as the use of condoms. For more information, contact your local health care provider. For specific information on AIDS, call the national AIDS hotline at 1-800-342-AIDS (2437).

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Personal Health Risk Report—*Sample Copy (continued)*

123123123 Female Age 34 Page 4 October 27, 1995

****

This Health Risk Appraisal is different from an examination by a doctor or other health care provider. It can't diagnose illness or identify medical problems. It **does** identify areas of risk that you can improve by making lifestyle changes. Build a plan of action, get help if you need it... and make changes gradually. If you have lots of changes, it's best to tackle a few at a time. Whether it's a little weight you want to lose, a cigarette habit that needs to go, or just remembering to fasten your seat belt every time you drive, you **CAN** succeed. You'll feel better and improve your odds for a long and healthier life if you do. Good Luck!

This sample report provided by Eris Survey Systems, Inc.

Personal Health Risk Report—*Sample Copy (continued)*

Eris SURVEY SYSTEMS, INC.

Graphic Group Report

The Personal Risk Analysis Group Risk Summary Report

Data from Personal Risk Analysis surveys are combined to provide a Graphic Group Report for your organization. The report reflects your company's unique risk concerns for identifying preventable disease indicators. Employers can use the aggregate information from the Graphic Group Report in setting organizational goals used to plan health promotion programs.

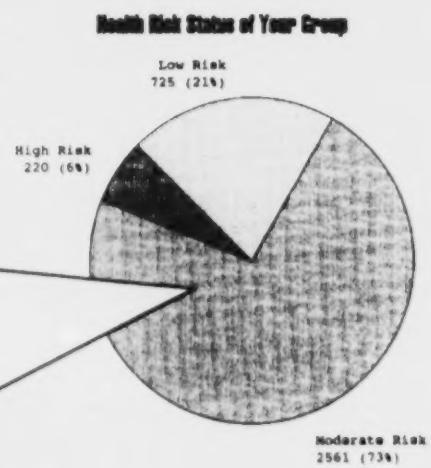
The risk factors included in this report are easily and visually depicted in graph form. Basic to all reports are the following graphs: ***Health Risk Status of Your Group***, ***Demographics — Age Groups by Sex***, ***Risk Factors that Contribute to Preventable Deaths in Your Group***, and ***Preventable Deaths by Disease Category***. The risk factors included were chosen because of their clear, quantifiable contribution to death and disability.

For maximum results, identify high risk, high impact areas in your group, then develop targeted health promotion programs.

Health Risk Status of Your Group

This graph summarizes the overall risk profile for your group. It identifies the number and percentage of your group that are at "high risk" for early death from disease or accidents. The graph also shows the size of the "low risk" and "medium risk" groups.

Risk reduction programs save lives and money.



Example:

"Moderate Risk" refers to U.S. averages — not ideals. On the average, too many Americans smoke, don't get enough exercise, eat too much fat, and are overweight. People in the moderate risk category could benefit from health promotion programs that move them to low risk.

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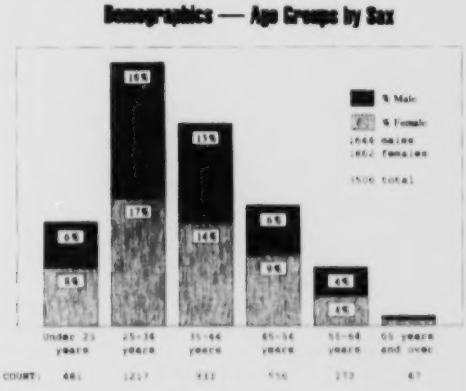
Personal Health Risk Report—*Sample Copy (continued)*

Demographics — Age Groups by Sex

This graph breaks down your group by age and sex subgroups. Although older people face increasingly higher risks of death and disease, young people are also affected by smoking, diet, and safety practices.

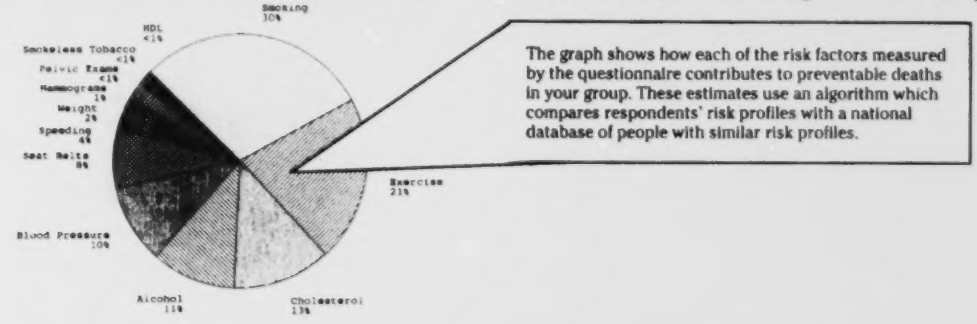
Health promotion programs make sense — for people of both sexes and all ages.



Risk Factors that Contribute to Preventable Deaths in Your Group

Risk factors are conditions that shape the odds for early death and disability. They include habits such as smoking and lack of exercise, and clinical measures, such as blood pressure and cholesterol.

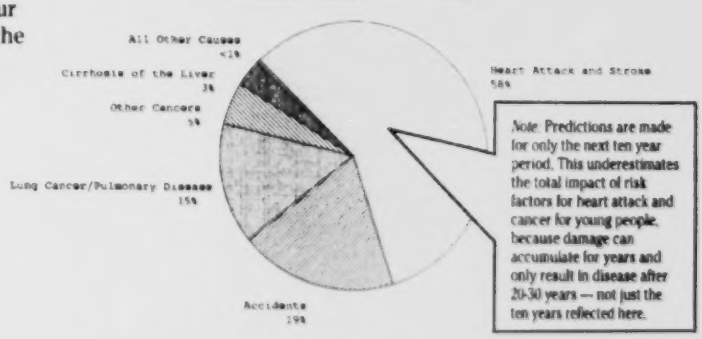
Nearly half of the 2.15 million deaths in the U.S. in 1990 could have been prevented through behavioral changes.


Risk Factors that Contribute to Preventable Deaths in Your Group
Smoking 30%
HDL <1%
Smokeless Tobacco <1%
Pelvic Exams <1%
Mammograms 1%
Weight 2%
Speeding 4%
Seat Belts 8%
Exercise 21%
Blood Pressure 10%
Alcohol 11%
Cholesterol 13%
The graph shows how each of the risk factors measured by the questionnaire contributes to preventable deaths in your group. These estimates use an algorithm which compares respondents' risk profiles with a national database of people with similar risk profiles.

Preventable Deaths by Disease Category

This graph predicts the relative rank of several major causes of deaths in your group. Predictions are made based on the likelihood of preventable deaths over the next ten years.

Healthy behavior changes made now will reap an even bigger benefit in the years to come.


Preventable Deaths by Disease Category
All Other Causes <1%
Cirrhosis of the Liver 3%
Other Cancers 5%
Lung Cancer/Pulmonary Disease 15%
Accidents 29%
Heart Attack and Stroke 58%
Note: Predictions are made for only the next ten year period. This underestimates the total impact of risk factors for heart attack and cancer for young people, because damage can accumulate for years and only result in disease after 20-30 years — not just the ten years reflected here.

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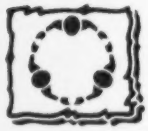
Activity 3: Screenings Are Not Just for Kids



Purpose: Managers will become familiar with the various screenings and primary care activities for adults. They will consider ways to make these services available to staff.

> ***Trainer Preparation Note:***
>
> *Before this workshop, find out what screening and self-care options are available in your community. Review the Head Start Program Performance Standards regarding screenings for children. Some of your HSAC members can refer you to adult screenings and well-body care. Contact local hospitals, public health departments, health maintenance organizations, and voluntary agencies for information on support groups, educational materials, and other resources. You also can review the training guide,* **Well-Child Health Care, Screening, & Assessment**, *for background on screening.*

For this activity you will need:

- Handouts F: Screenings Are Not Just for Kids—Tables 1-4
- Markers and flip chart
- Blackboard or overhead projector

Step 1: Review Handouts F: Screenings Are Not Just for Kids—Tables 1-4. You could make overhead transparencies of these handouts or copy the information onto a flip chart. Note the Head Start Program Performance Standards' requirements for screenings and well-child health care for children. Discuss with participants the general concept of screening as an *adult* health service.

Step 2: Divide the participants into groups of four to five people each. Distribute those who have the most formal education or experience in health topics throughout the groups. Give each group several copies of one of the four handouts. (Each group will be looking at one set of screenings.)

Step 3: Ask the groups to fill in the blank sections of Handout F. Tell them they do not need all of the facts; we will complete the chart together after their discussions. Ask them to make notes about their understanding of the purpose and frequency of the various screenings, and to make special note of how easy or difficult it is to get these screenings done in their own community.

Step 4: Allow the groups 10 to 15 minutes to work on the charts.

Step 5: With the entire group, briefly review the purpose and recommended frequency for each screening or primary care item (the first two columns on the chart).

Step 6: Again work in small groups. Ask each group to highlight one screening they consider important for adults that is not practiced regularly by their co-workers.

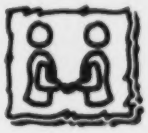
Step 7: Give each group a sheet of flip chart paper. At the top of the sheet they should write the screening or primary care activity that is needed but not getting done. Ask them to consider the barriers and to brainstorm ways that it could be made more accessible.

Step 8: Ask the groups to share the four strategies.

Points To Consider:

- Screenings are as important for adults as for children.
- There are often barriers to access for adults—no insurance coverage, not enough time, fear of results. Pay special attention to community resources that improve access.
- What has been your Head Start program's experience with insurance coverage for well-care? What screenings are included? If any are not included, why not? What are the barriers to full coverage for staff? Can these barriers be overcome?

Activity 4: Culture, Community, and Health



Purpose: Participants will make a picture that shows how individual wellness is woven into the context of community, and develop a centerwide health perspective to see what could be done to improve the community's health.

> ***Coach Preparation Note:***
>
> *If you choose to do this activity with a larger group of staff people, follow the instructions as written through Step 6. Then post the weavings around your workshop room. Ask staff members to do a "gallery walk" and review each others' weavings. Then discuss:*
>
> - *What major aspects of community and culture were raised?*
> - *What supports wellness and what works against it?*
> - *Based on this information, what should we do to improve our community so that it supports health better?*

For this activity each participant will need:

- Bright and bold writing materials
- 20 strips of 1"-by-8" colored paper (10 strips in each of two colors)
- Wellness pinwheel made of construction paper, approximately 3"-by-3"—see accompanying sample below
- Glue or glue stick, scissors, hole puncher, and string

Step 1: Explain that, over the course of a few weeks, participants will be decorating the center with images of health supports and challenges within the local community. Their "weavings" will be the first, and they are asked to gather others from parents, staff, and children.

Step 2: Ask participants to think about their own wellness and what "wellness" means to them in each of the five dimensions of health.

Step 3: Ask them to write their names on the pinwheel shape; this will be the center of the weaving.

Step 4: Now ask them to consider the larger community: their neighborhood, city, reservation, farmers' co-op, etc.

Consider how aspects of the larger community contribute to their own wellness, positively and negatively. Using the first 10 strips (color "positive") write five to 10 supports for health and wellness. Write the words at the edge or end of the strip of paper. For example, positive notes could be:

- My reservation is surrounded by beautiful mountains.
- We have a great hospital and health department here.
- We have great ethnic diversity with general harmony.
- We have lots of dentists.

Step 5: Now take the "negative" colored strips and list up to 10 factors that negatively affect health and wellness. Examples could be:

- There is great poverty in our town.
- Violence among youth has increased lately.
- Our housing is very old and lead-based paint is a problem.

Step 6: Weave the strips together so that all of the colors show. When you have a little mat, glue the shape with the person's name in the center. Punch a hole at the top and run string through. Hang the weaving somewhere in the center.

Coach's note:

If you choose two colors and designate one negative and one positive, all of your weavings will have some similarity, and it will be easy to note what supports and what detracts from health. You probably will find that people weave in different shapes, even with the same materials, and this is good. You could vary the colors by using one color pair for staff, one color pair for adult family members, and another color pair for the children's weavings.

Step 7: Over the next several days, choose some other people with whom to work, doing the same activity, using two colors to represent positive and negative impacts on wellness. Choose fellow staff members, parents, or children. Either work with them to make the weavings or simply talk with them, then make the weavings yourself. Over time a pattern will emerge that shows the pictures of wellness of those associated with this Head Start program.

Step 8: Coach and partners should consider which major aspects of community and culture were raised—those that supported wellness and those that worked against it. What common themes do we see in the weavings of our colleagues and families? Based on this information, what should we do to improve our community so that it supports health better?

Points to Consider:

- Wellness, like a weaving, is put together from many overlapping strands. The strands can be seen distinctly but hold each other together in a certain pattern. What happens when we remove one strand? Does the weaving hold? Must something be put in that strand's place? How does this demonstrate the ways that different factors affect our lives and our wellness?

- Wellness is both individual and affected by culture and community. Positive and negative aspects of culture and community should be considered in plans to increase individual wellness.

- There is only so much anyone can do alone to increase wellness: quit smoking, start walking, change diet. Beyond such activities—sometimes before such activities can be started—we must work together to be sure that we are around people and in places where wellness can grow.

Next Steps: Ideas to Extend Practice

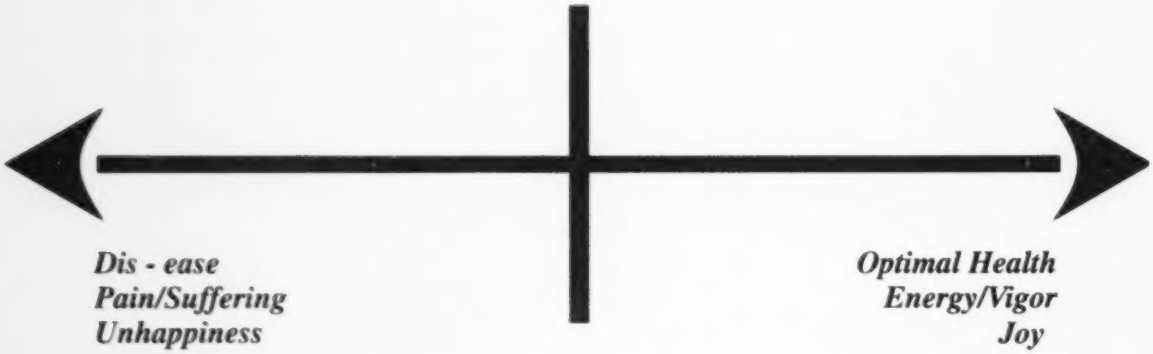
1. Wellness is a concept that evolves over time. It is interesting to note people's perceptions at different stages of life. With your own definition of wellness in mind, take note of the behavior and attitudes of four other people: two children and two elders. Try to consider people you feel belong to the same culture as you. Watch them and talk to them and consider what their definitions of personal wellness might be. Anything they would like to change about their situation or their health habits? Are there aspects of the children's wellness that you remember from growing up? Can you see yourself as an elder—in what ways are you like and in what ways unlike the older people you know?

2. Encourage all staff members to complete the Health Risk Appraisal. Maybe your program's insurance carrier will sponsor the activity, paying for the forms and processing and supplying expert counseling. Give the health coordinator information about aggregate health risks for the group. This can be an excellent springboard to a staff meeting discussion regarding the general health risks for this particular staff group. See if the staff would like to consider some group efforts to change those risks.

   Special Note: **Confidentiality will be very important in sponsoring this type of activity.**

3. As a next step beyond the Screenings Are Not Just for Kids activity, ask participants to further research any screening that interests them. Ask them to call community resources for information about that screening or service. Be sure to include information on insurance coverage, free screenings, or other information related to financial coverage for this screening. Head Start staff can collaborate, share these resources, and begin a library or resource center for primary care.

Handout D: What Is Wellness?



What does "high level wellness" mean to me?

Why is my "X" placed where it is? What could make me more well? What helps me to keep a good level of health right now?

Handout E: Personal Risk Analysis Questionnaire

This questionnaire will ask you about your health and lifestyle habits. Your answers will be entered into a computer program. Your confidential personal report will give you information about your major health risks, your healthy habits, and habits you might change to reduce your risks.

This Health Risk Appraisal is NOT a substitute for a physical check-up; it can't tell you if you're sick. It can give you ideas for healthy living and for minimizing your risks of being sick or injured in the future. It is not designed for people who have heart disease, cancer, kidney disease, or have other serious problems. If you have one of these conditions and want to do a health risk appraisal, please ask your doctor or nurse to go over the report with you.

Directions: To get the most accurate results, answer each question as well as you can. If you don't know the answer to a question, leave it blank.

Partcipant ID Number: _____
(FILL IN THIS NUMBER IN BOXES AT RIGHT)

Write your number here, then enter your number in the grid to the right. You may need this number to pick up your report.

INSTRUCTIONS
Please use a No. 2 Pencil only to complete this survey. Make dark, black marks that fill the response box completely. To change an answer, erase cleanly then re-mark.

CORRECT ■ INCORRECT ☑ ⊠ ●

PARTICIPANT ID NUMBER

1. AGE - in years — 1. Age

2. **SEX - PLEASE MARK MALE OR FEMALE** → 2. ☐ Male ☐ Female

3. Have you ever been told that you have diabetes (or sugar diabetes)? 3. ☐ Yes ☐ No

4. Are you now taking medicine for high blood pressure? 4. ☐ Yes ☐ No

		None	1	2 or More
5. How many cigars do you usually smoke per day?	5.	☐	☐	☐
6. How many pipes of tobacco do you usually smoke per day?	6.	☐	☐	☐
7. How many times per day do you usually use smokeless tobacco? (Chewing tobacco, snuff, pouches, etc.)	7.	☐	☐	☐

8. **DO YOU SMOKE CIGARETTES?**
How would you describe your cigarette smoking habits? 8. ☐ Never Smoked - GO TO QUESTION 11
☐ Used to Smoke - GO TO QUESTION 10
☐ Still Smoke Now - GO TO QUESTION 9

9. **IF YOU SMOKE NOW**
How many cigarettes a day do you smoke? GO TO 11 — 9. Cigarettes Now

10. **IF YOU USED TO SMOKE**
a. How many years has it been since you quit smoking? — 10a. Years Quit
b. In the 2 years before you quit, what was the average number of cigarettes per day that you smoked? — 10b. Cigarettes Before Quit
For example, if your answer is "5", enter "05"

11. In general, how satisfied are you with your life? 11. ☐ Mostly satisfied ☐ Not satisfied ☐ Partly satisfied

12. Considering your age, how would you describe your overall physical health? 12. ☐ Excellent ☐ Fair ☐ Good ☐ Poor

PAGE 1

For use with Activity 2

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Handout E: Personal Risk Analysis Questionnaire *(continued)*

13a. Car/Truck/Van ,000 — 13b. Motorcycle ,000

13. In the next 12 months, how many thousands of miles will you probably travel by each of the following?
(NOTE: U.S. average for cars is 10,000 miles)

a. Car, truck, or van:
b. Motorcycle:

14. On a typical day, how do you USUALLY travel?
(Mark one only)

- ☐ Walk
- ☐ Bicycle
- ☐ Motorcycle
- ☐ Sub-compact or compact car
- ☐ Mid or Full-size car
- ☐ Truck or van
- ☐ Bus, subway, or train
- ☐ Mostly stay home

15. What percent of time do you usually buckle your safety belt when driving or riding?

- ☐ Never, 0%
- ☐ Seldom, 1-39%
- ☐ Sometimes, 40-79%
- ☐ Nearly Always, 80-99%
- ☐ Always, 100%

16. If you ride a motorcycle or all-terrain vehicle (ATV), what percent of the time do you wear a helmet?

- ☐ 75% to 100%
- ☐ 25% to 74%
- ☐ Less than 25%
- ☐ Does not apply to me

17. On the average, how close to the speed limit do you usually drive?

- ☐ Within 5 mph of limit
- ☐ 6-10 mph over limit
- ☐ 11-15 mph over limit
- ☐ More than 15 mph over

18. Drinking and Driving — How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink?

19. Alcohol Drinks — How many drinks of alcoholic beverages do you have in a typical week?
A drink is a 12 oz. bottle or can of beer, a 5 oz. glass of wine, a 12 oz. winecooler, or a shot of liquor.

For example, if your answer is "7", enter "07"
If you don't drink, enter "00"

(MEN GO TO QUESTION 29)

WOMEN

20. At what age did you have your first menstrual period?

- ☐ 11 or under
- ☐ 12-13
- ☐ 14 or older

21. How old were you when your first child was born?

- ☐ No Children
- ☐ Under 20
- ☐ 20-24
- ☐ 25-29
- ☐ Over 30

22. About how long has it been since your last breast x-ray (mammogram)?

- ☐ Less than 1 year ago
- ☐ 1 year ago
- ☐ 2 years ago
- ☐ 3 or more years ago
- ☐ Never

23. How many women in your natural family (mother and sisters only) have had breast cancer?

- ☐ None
- ☐ One
- ☐ 2 or More
- ☐ Don't know

LP73B1

For use with Activity 2

Handout E: Personal Risk Analysis Questionnaire *(continued)*

WOMEN CONTINUED

24.	Have you had a hysterectomy operation? (Removal of your uterus)	24.	☐ Yes	☐ No
25.	When did you last have a pap smear?	25.	☐ Less than 1 year ago ☐ 1 year ago ☐ 2 years ago	☐ 3 or more years ago ☐ Never
26.	How often do you examine your breasts for lumps?	26.	☐ Monthly ☐ Once every few months	☐ Rarely or never
27.	When did you last have your breasts examined by a physician or nurse?	27.	☐ Less than 1 year ago ☐ 1 year ago ☐ 2 years ago	☐ 3 or more years ago ☐ Never
28.	About how long has it been since you had a rectal exam? **(WOMEN GO TO QUESTION 30)**	28.	☐ Less than 1 year ago ☐ 1 year ago ☐ 2 years ago	☐ 3 or more years ago ☐ Never

MEN

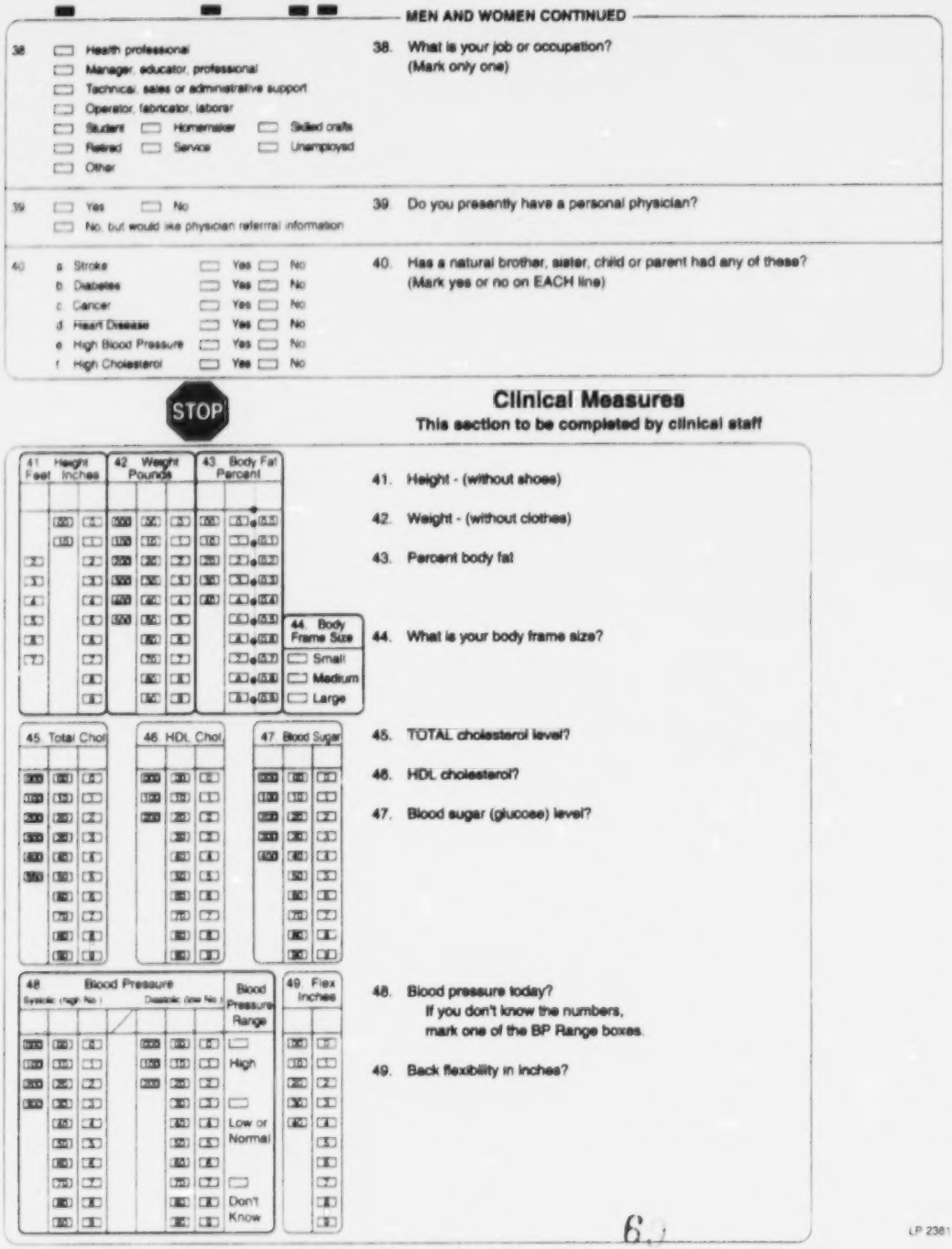
29.	About how long has it been since you had a rectal or prostate exam?	29.	☐ Less than 1 year ago ☐ 1 year ago ☐ 2 years ago	☐ 3 or more years ago ☐ Never

MEN AND WOMEN

30.	How many times in the past year did you experience or witness emotional or physical threats or abuse or become involved in a violent fight where there was a good chance of a serious injury?	30.	☐ 4 or more time ☐ 2 or 3 times	☐ 1 time or never ☐ Not sure
31.	In an average week, how many times do you engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe more heavily and your heart beat faster)?	31.	☐ Less than 1 time per week ☐ 1 or 2 times per week ☐ At least 3 times per week	
32.	Do you eat some food every day that is high in fiber, such as whole grain bread, cereal, fresh fruits or vegetables?	32.	☐ Yes	☐ No
33.	Do you eat foods every day that are high in cholesterol or fat, such as fatty meat, cheese, fried foods or eggs?	33.	☐ Yes	☐ No
34.	Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life? (For example, a job loss, disability, separation, jail term or the death of someone close to you.)	34.	☐ Yes, 1 serious loss or misfortune ☐ Yes, 2 or more	☐ No
35.	Race	35.	☐ Aleutian, Alaska native, Eskimo or American Indian ☐ Asian ☐ Black ☐ Pacific Islander	☐ White ☐ Other ☐ Don't know
36.	Are you of Hispanic origin such as Mexican-American, Puerto Rican or Cuban?	36.	☐ Yes	☐ No
37.	What is the highest grade you completed in school?	37.	☐ Grade school or less ☐ Some high school ☐ High school graduate ☐ Post graduate or professional degree	☐ Some college ☐ College graduate

For use with Activity 2

Handout E: Personal Risk Analysis Questionnaire *(continued)*



MEN AND WOMEN CONTINUED

38. What is your job or occupation? (Mark only one)
- Health professional
- Manager, educator, professional
- Technical, sales or administrative support
- Operator, fabricator, laborer
- Student
- Homemaker
- Skilled crafts
- Retired
- Service
- Unemployed
- Other

39. Do you presently have a personal physician?
- Yes
- No
- No, but would like physician referral information

40. Has a natural brother, sister, child or parent had any of these? (Mark yes or no on EACH line)

a. Stroke	Yes	No
b. Diabetes	Yes	No
c. Cancer	Yes	No
d. Heart Disease	Yes	No
e. High Blood Pressure	Yes	No
f. High Cholesterol	Yes	No

STOP

Clinical Measures

This section to be completed by clinical staff

41. Height - (without shoes)
42. Weight - (without clothes)
43. Percent body fat
44. What is your body frame size?
- Small
- Medium
- Large

45. TOTAL cholesterol level?
46. HDL cholesterol?
47. Blood sugar (glucose) level?
48. Blood pressure today?
If you don't know the numbers, mark one of the BP Range boxes.
49. Back flexibility in inches?

Blood Pressure Range: High; Low or Normal; Don't Know

6.2

LP 2381

For use with Activity 2

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Handout F-1: Screenings Are Not Just for Kids—Table 1

Screenings	What Is It? What Is It For?	How Often Do We Need It?	How Easy Is It To Do/Receive?	Personal or Community Barriers/Other Comments
Hemoglobin/ Hematocrit				
Tuberculosis				
Blood Pressure				
Sexually Transmitted Diseases				

For use with Activity 3

Handout F-2: Screenings Are Not Just for Kids—Table 2

Screenings	What Is It? What Is It For?	How Often Do We Need It?	How Easy Is It To Do/Receive?	Personal or Community Barriers/Other Comments
Immunizations				
Colon Cancer (hemocult & sigmoidoscopy)				
Self-Testicular Exam (for men)				
Self-Breast Exam (for women)				
Cholesterol				

For use with Activity 3

Handout F-3: Screenings Are Not Just for Kids—Table 3

Screenings	What Is It? What Is It For?	How Often Do We Need It?	How Easy Is It To Do/Receive?	Personal or Community Barriers/Other Comments
Dental Exam				
Physical Exam • **height** • **weight** • **overall well-being**				
Eye Exam • **glaucoma** • **vision**				
Pap Smear/ Pelvic Exam (for women)				

For use with Activity 3

Handout F-4: Screenings Are Not Just for Kids—Table 4

Screenings	What Is It? What Is It For?	How Often Do We Need It?	How Easy Is It To Do/Receive?	Personal or Community Barriers/Other Comments
Diabetes (blood sugar)				
Intestinal Parasites				
Skin Cancer				
Mammogram (for women)				

For use with Activity 3

Making Changes in Behavior for Better Health

Outcomes

After completing this module, participants will:

- *Understand the principles of behavior change.*
- *Develop a plan for improving personal health.*
- *Practice strategies to support co-workers' efforts to change their behavior.*

Key Concepts

Habits—healthy and unhealthy—are acquired over time. We keep them because they work for us in some way; therefore, change is challenging—but possible.

A person goes through several different stages when trying to change. To provide support, a friend or co-worker must first know how the person feels about making the change. What stage is he in? Once the current stage is identified, the helper uses different strategies during the different stages of change. Stages are:

- **precontemplation**
- **contemplation**
- **preparation**
- **action**
- **maintenance**

Module 3

Background Information

A. Habits

We all have learned to cope with life's many demands in a variety of ways. We learn how to get the food we need, the love we need, and we learn to get around from place to place to get our business done. Some things we do to manage our lives are healthy: communicate clearly with others, feed ourselves wholesome food, ride our bicycles to the store or park. These things work for us.

Some of the ways we cope are not so healthy, but in some way these work for us too. We find that a few drinks of beer calm us down after a hectic day, smoking a cigarette keeps us away from sweets. We learn that being harsh with children keeps them quiet, at least for a time. These are unhealthy behaviors. Over the long haul, they are detrimental to us and the people around us. We would be better off if we changed these patterns. But are we ready?

B. Stages of Change

At some point, most people decide to change some problem behavior. Or, they are pushed toward change by loved ones, co-workers, or policies. Some people succeed in changing, some don't. Some succeed after many tries. Is there any logic to the change process? Researchers believe there is. Instead of jumping into the change, going through several steps—in sequence—increases the chance of success. Different strategies at different times help move the change process along.

"Stages of Change" theory outlines five stages that a person must go through when altering behavior. The following descriptions of each stage include helpful strategies.

Precontemplation: People in this stage are not yet ready to change. They are not concerned about their problems, though others might be. During this stage, the following strategies are helpful:

- *consciousness raising:* The person is given as much information about the problem as she will accept.
- *social liberation:* Establishing social groups and situations that support the healthy behavior and discourage the unhealthy.
- *helping relationships:* Having people who support the person's change, but are not aggressive and pushy, is helpful at this stage and throughout the change process.

Contemplation: People in this stage are aware of their problem and want to change, but believe they will change "someday." Helpful strategies during this stage are:

- *emotional arousal:* Becoming disgusted with the behavior or fearful about the condition of her life helps a person who is contemplating change to move forward.

- *self-re-evaluation:* Becoming thoughtful about the change, what the change might mean to the person's life, assessing the pros and cons, and making a decision.

Preparation: At this stage, the person begins making concrete plans to change. Helpful strategies at this stage include:

- *commitment:* The person makes an announcement about the change, sets a date, plans several small steps toward the change, makes a comprehensive plan of action and considers possible pitfalls.

- *self-re-evaluation*

Action: This is the most active stage of change. Most health promotion and behavior change programs fall within this area. These programs teach a variety of strategies, including:

- *countering:* Substituting a healthy behavior for an unhealthy one, or replacing negative, self-defeating thoughts with positive ones. Exercise, relaxation, and assertiveness are important activities in this process.

- *environmental control:* The person takes specific steps to avoid places, people, and situations that encourage the negative behavior--and to be in places and with people who support positive behavior.

- *rewards:* To reinforce the behavior change, it is most helpful to set up a system of rewards—small rewards for small steps and larger rewards for bigger achievements in change. Behavior-change contracts are very effective.

Maintenance: The change has occurred and during this stage the person is working to avoid a relapse. Helpful strategies during this stage are:

- *countering*

- *environmental control*

- *rewards*

At what point is it clear that a person has changed? The sixth stage is beyond change:

Termination: At this point the person no longer is interested in the negative behavior and has no desire for it, even in situations where the behavior used to be common. She has truly given it up and become thoroughly committed to a healthy behavior. She feels confident of being able to continue the healthy behaviors, having incorporated them into her lifestyle.

It is important to realize that, with most behavior changes, people do not go through the stages of change in a linear fashion and come out—presto!—changed!—on the other end. Rather, the process of change is like a spiral, with people moving up the spiral toward action and maintenance, but relapsing and returning to earlier stages once or more throughout the change process. When someone is moving successfully toward change, however, she usually does not relapse all the way back to precontemplation. There will be a setback to contemplation and preparation, then movement ahead again. Those in maintenance may have a setback, then set up another plan of action.

C. How the Head Start Workplace Can Help Staff Make Healthy Changes

The workplace is where healthy behaviors can be supported or threatened. When people decide to change, they need the support of all who are close to them—family and friends of course, and co-workers. By understanding when a person is ready for change a co-worker can offer the needed support.

It is important to realize that, at any given time, people who share the same negative health behavior most likely will be at different stages in their willingness to change. It is very easy for those of us who are enthusiastic about health promotion to try to push people into change before they are ready. We offer them **action**-oriented programs when they are not interested. For example, stop-smoking programs are **active**. The prospective quitter must take time to attend meetings, organize his life to make cigarettes less available, designate areas or times for smoking. He must try to avoid smoking at times he is usually smoking, and substitute other behaviors for smoking.

However, recent research indicates that, among current smokers, only 10%-15% are ready for **action;** 30%-40% are **contemplating** quitting

smoking, and 50%-60% are in the **precontemplation** stage—they have no interest in changing their behavior now[6].

Any health coordinator or manager must assess an individual's or group's readiness for change before beginning any behavior change activities. Upon assessment, strategies can be matched to the stage.

There are two strategies helpful to anyone in any stage of change. *Social liberation* involves techniques of altering the person's environment and social circle to discourage undesirable behaviors and encourage positive behaviors. *Helping relationships* offer support for any movement toward change.

D. What Do We Do About People Who Are Not Ready to Change?

A manager or supervisor often is aware that an employee's behavior or habit is a problem; it affects more than the individual and is detrimental to the workplace. However, the staff person doesn't want to change and won't join a health promotion program. Does the manager ignore the problem? Definitely not, though this is certainly a touchy situation. For the good of the workplace, the supervisor must try to encourage change. Clear understanding of the staff person's perspective—readiness to change—is critical. The staff member may not be good-humored about trying to change. One administrator recalled a cigarette smoker who got hostile when anyone suggested she stop smoking, considering it a form of harassment. The supervisor in such a situation should not give up. Rather apply, very carefully, the appropriate strategies for a person in the **precontemplation** stage of change.

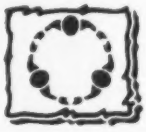
Questions for Discussion/ Reflection

- Think of a recent change. Which steps (stages) did you go through to make the change?
- As a supervisor, how do you feel about intervening in your staff members' health issues? When is it justified? When is it not justified?

[6] James Prochaska, Carlo DiClemente, and John Norcross, "In Search of How People Change," *American Psychologist*, (September 1992).

Module 3

Activity 1: Affirming My Capabilities



Purpose: Participants are encouraged to see themselves as capable of change, based on their own experiences.

For this workshop you will need:

- Flip chart paper
- Markers

Step 1: Ask participants to recall a time when they needed to make a change, any kind of change, that they are willing to discuss.

Step 2: Ask each person to choose a partner, introduce himself, and describe a change he needed to make. He tells the partner what was hard about making the change and what helped him to get through it. Tell how he succeeded. Give the pairs approximately five minutes to talk.

Step 3: Ask the participants to switch roles. This time the other partner should describe a change she has made.

Step 4: Ask the partners to introduce each other by simply stating their name and the successful change made. Be sure to encourage applause for the changes! Affirm the fact that they all have made changes in their lives.

Step 5: On the flip chart paper, draw the following chart:

Things that Helped	Barriers

Step 6: Ask the group to share anything that was helpful in making the change.

Step 7: Ask the group to share whatever was not helpful in making the change. As the various ideas are shared, list them on the chart.

Step 8: Look for commonalities among what helped and what hindered, though the changes that were made differed.

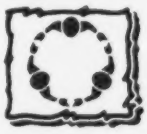
Step 9: Let the participants know that, based on their experiences, they are both well qualified for making changes themselves and well qualified to help and support others to make changes.

Points to Consider:

- There are innumerable changes possible to improve our health. Although they differ, there are commonalities.
- The "things that helped" on the chart are examples of various strategies that help the change process. The "barriers" are either basically unhelpful actions or helpful strategies applied in the wrong way and/or at the wrong time.

Module 3

Activity 2: Batting Practice for Our Team—Part I



Purpose: This activity demonstrates the stages of change, shows that different staff members will be in different stages at any one time, and builds skills in helping co-workers change.

> ***Trainer Preparation Note:***
>
> *This is a two-part activity. The first part is strictly a for-fun, nonthreatening illustration of the stages of change. Part two asks the participants to place themselves at their appropriate stages with a real-life change (low-fat diet). It is a fairly complex activity, so take it slowly and allow people lots of time to process the information.*

For Parts I & II of this activity you will need:

- At least 10 people
- Five stages-of-change signs to post
- Flip chart paper
- Markers
- Handout G: Batting Practice
- Handout H-1: Limiting Fat to 30% of Daily Calories
- Handout H-2: Limiting Fat to 30% of Daily Calories—Sample Menus
- Handout I: Strategies to Help Change

Step 1: Review briefly the "Stages of Change" description in *Background Information*. But do not give a detailed lecture, as this activity is designed to elicit an understanding of the stages from the group. Tell them to pretend that they are a baseball team that has been losing a lot lately and the manager believes it's because the team is not hitting well. She says that they need more batting practice. She has called a team meeting to announce her plan to cancel the daily team meetings at which they review their games. Instead, they will practice batting.

Step 2: Divide the participants into five groups. Tell them that each group is at a different stage in this process of change toward more batting practice.

Step 3: Distribute Handout G: Batting Practice to the groups. Tell them you have given them some ideas about how their group thinks, but their task is to add to those ideas. They will be asked, after about 10 minutes, to present their position on this topic—increased batting practice—to the whole team.

Step 4: Give the groups five to 10 minutes to develop their positions.

Step 5: Now ask each group to present its position on the proposed change.

Step 6: On flip chart paper, list the groups by letter: A, B, C, D, E. Make notes on their positions.

Group	Position on Batting Practice	Stage of Change
A		
B		
C		
D		
E		

Step 7: After the groups have given their positions, return to the concepts of stages of change, and fill in the third column. The groups will fall out as:

A = precontemplation

B = contemplation

C = preparation

D = action

E = maintenance

Look at the examples they have given to demonstrate their positions on batting practice. Highlight the points that best illustrate that stage of change.

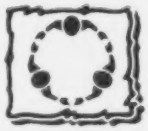
Step 8: Review for the group the basics concepts:

- Change occurs in stages.
- Helping: Use different strategies for different stages.

Points to Consider:

- The team "manager" is like many well-meaning health promotion managers. She has decided what the problem is—with some good evidence—and decides to jump straight into the **action** stage. However, not all members of her team are with her.
- Note that various strategies help people move from one stage of change to the next. Using the wrong strategy generally results in no change. This manager tried "countering"—substituting one behavior (batting practice) for another (team meetings to review games). Her strategy is only effective with group C—the group in **action** stage.
- This team had more people interested in change than is typical. With health behavior changes, it is more likely that large numbers of people will not be interested in **action**.

Activity 2: Batting Practice for Our Team—Part II



Purpose: This activity demonstrates the stages of change, shows that different staff members will be in different stages at any one time, and builds skills in helping co-workers change.

Step 1: Remind the group that there are various strategies to help people move along the stages of change, including support when they are in maintenance. In workplace health promotion, it is useful to have the group agree that an issue needs to be addressed. However, it will take different strategies to reach different people.

Review for the group, from *Background Information*, the details on the strategies that are effective at various stages of change.

Step 2: Tell the group we now will look at an area that is very popular in health promotion circles: the low-fat diet. Current recommendations are that the American diet should be reduced to less than 30% fat, a significant change for most people.

Step 3: Give out Handouts H-1 and H-2: Limiting Fat to 30% of Daily Calories, which describes a diet with under 30% of fat calories. Ask people to consider this carefully. Post the stages-of-change signs.

After about five minutes, ask if people are willing to stand beneath the sign that represents—at this time—their own readiness to change to an under-30% fat diet.

Step 4: Ask whether anyone is willing to explain why he is in a particular stage. Verify that members of each group are correctly identifying their stage. Confirm examples of beliefs, feelings and actions that are characteristic of each stage as they are brought up.

Step 5: Explain that a helper in behavioral change presents strategies that will move the person from his current stage into the next. Just one step...not all the way to the end! So our goal, for example, is to move the **Precontemplators** into the **contemplation** stage.

Be prepared with one strategy (*see* Background Information) that is recommended for encouraging people in each stage of change. For example, precontemplators may be reached through consciousness-raising.

Refer to Handout I: Strategies to Help Change. You may wish to post this chart or a portion of it to stimulate discussion.

Step 6: Ask your participants to sit in groups composed of those who stood under the same sign. Tell them they will be helpers for the group that is *lower* on the change scale than their own group. They will be brainstorming activities that are examples of a strategy that is useful for this group. These activities will likely be familiar to them, because they will have gone through this stage to get to their current place.

Step 7: Cut Handout I: Strategies to Help Change into five pieces. Give each group a piece, based on the chart below:

- Group B (Contemplators) gets Group A Strategies (Precontemplators).
- Group C gets Group B strategies.
- Group D gets Group C strategies.
- Group E gets Group D strategies.
- Group A (Precontemplators) gets Group E Strategies (Maintenance). The trainer will probably need to give the most support to this group, as they are working on an unfamiliar level.

> ***Trainer's note:***
>
> *Within any strategy are many activities that can be undertaken (*review *Background Information). Ask the group to brainstorm ways that co-workers might use this strategy to encourage group members along the road toward change.*

Step 8: Give the groups 10 to 15 minutes to come up with their ideas. Ask each group to share a few of the activities with the entire group. As each group presents its helping strategies, ask the members of the group that is being helped to respond: Could this work? Would it interest them? What modifications to the activities might make them more effective?

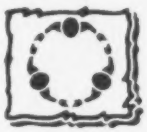
Points to Consider:

- Dietary changes are usually significant. People tend to like the way they eat. It is perfectly understandable that in this area most people will be **Precontemplators.** Probably in your group people will be standing all along the continuum.

- Did you come up with four or five activities within your strategy to encourage change? Be creative!

Module 3

Activity 3:
Toward a Better Back



Purpose: Managers will learn to apply the principles of behavior change to a common physical ailment, back pain, and demonstrate the **contemplation** and **preparation** stages of change.

For this activity you will need:

- Handout J: The Basic Back
- Flip chart paper
- Markers

Step 1: Ask how many participants have ever been concerned about possible damage to their back through working with young children. (If all share this concern, that's good. All are at least in the **contemplation** stage of change.)

Step 2: Share some Back Facts[7] :

- About 80% of adult Americans experience serious back pain at some time.

Why?

- The back is involved in almost every move we make.
- Backs are wonderfully flexible and strong, but that combination makes them vulnerable to injury.
- Being erect puts extra pressure on lower back vertebrae, the lumbar region where the back is most curved and pain most often strikes.
- Sometime from age 30 to 50, your discs—the fibrous pads that cushion the vertebrae—start to lose water and elasticity, making them less able to absorb shock.

To prevent back injuries:

- Build strong, flexible muscles to support the back and internal organs.
- Learn to move in ways that protect the back's natural curves.

Step 3: Distribute Handout J: The Basic Back. Ask the participants to look at the drawing of the spine and to note the four basic curves. Ask them to gently move those parts of their own backs to become aware of those parts. Suggest, for example, that they feel their backs as they stand, sit, and bend gently from one side to the other.

Step 4: Tell the participants to consider various activities that Head Start staff members perform each day. We want them to think carefully about how they perform each action, paying special attention to their backs.

Read slowly from the following list, pausing after each activity to allow people to visualize their actions. After they visualize an action, ask the members to raise their hands if they see possible back injury in that activity.

Teaching/Classroom Staff

- getting set up in the morning
- greeting children
- greeting parents
- settling into a circle for story time
- refereeing a dispute between two three-year-olds
- changing an infant's diaper
- setting up lunch
- eating lunch
- helping children during outdoor play
- lifting a child with weak legs to the play table
- cleaning up after snack

Administrative Staff

- writing reports
- making a presentation to the Policy Council
- talking on the phone to an angry parent
- negotiating for health services from a local agency

Family Services and Program Support Staff

- driving the bus
- preparing meals
- driving to home visits with families
- setting up for a parent education program

Step 5: For each activity for which hands were raised, note that activity on the flip chart. Comment on the large number of activities that have the potential to cause back pain or injury.

Step 6: Ask everyone to choose one activity that gave them a "twinge"—an activity they recognized as having caused back pain in the past. Ask them to note that activity on the top of Handout J.

Step 7: Ask each participant how she performs this activity now. They should look at the drawing of the spine and **contemplate** how this activity might be straining the back. Why do it this way? Is it easier? Faster? Is it a habit they picked up from someone else? Make notes in the left column.

Step 8: Ask each person to choose a partner and **prepare** for change. Is the partner motivated to make some changes? Now discuss how to change each potentially harmful activity to protect the back. Bend differently? Get help? Relax while doing it? Take breaks? Make notes in the far right column of the page.

Step 9: Bring the group back together and ask for volunteers to share what they have written. Take note of the reasons they give for acting as they do. Look for alternative ways to carry out this task. This is the **preparation** stage of behavior change.

Step 10: Encourage group members to put their plans into practice, getting support from their partners or other members of the group.

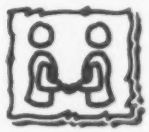
Points to Consider:

- Most health-damaging behaviors are the result of habits. We are used to doing it that way. Often we are unaware of how our bodies are affected.
- Back protection is a relatively simple behavioral change. Though we may have fallen into certain habits, we usually are not as committed to our ways of moving and lifting as we are to, for example, what we eat. Protecting one's back is not a value-laden situation. It is a good idea to begin behavioral change with something that is not associated with strong cultural or social values. Success in this encourages people to take on other challenges.
- The steps we went through here are the first steps in behavior change:
  - We all were beyond the **precontemplation** stage...we recognized the need to change how we use our backs.
  - We **contemplated** the behavior and gained further understanding of our behavior and its consequences.
  - We **prepared** for action by making a plan.

[7] University of California, Berkeley, *The Wellness Encyclopedia*, (New York: Houghton Mifflin Company, 1991).

Module 3

Activity 4: Is My Colleague Ready for Change?



Purpose: Managers and supervisors learn how to analyze a staff member's readiness to change.

This activity is designed for a pair of coordinators/managers to work together. Each will keep a journal as they learn to read the cues that indicate the stages of change.

For this activity you will need:

- Writing materials and notebook for each participant
- Handout K: Ready to Change?

Step 1: Discuss with your partner a common situation among supervisors: the realization that a staff member has a habit or behavior that negatively affects her work. Have you had this experience? What did you do? Some examples of problem behaviors:

- cigarette smoking that causes excessive work breaks or illnesses
- excessive anxiety that prevents the person from coping with normal job stresses
- drinking alcohol at lunch, which affects afternoon performance
- refusal to use a seat belt when driving, which gives the wrong message of safety to children and parents
- disorganization, which leads to lost records, or chronic lateness, which results in missed appointments

Step 2: Agree to maintain strict confidentiality during this activity. The activity does not require you to share personal information about other staff members; however, if something is revealed, confidentiality must be protected.

Step 3: With your partner, review Handout K: Ready to Change? Referring to Background Information in your discussion, be sure that you are both clear on the important concepts at each stage.

Talk with your partner about a personal change that you have worked on in the past:

- How easy or hard was it to make that change?
- What helped and what hindered your change?

Now consider a change that you have thought of making, or that someone has encouraged you to make.

- How do you feel about making that change?
- At what stage of change are you?

Looking at a concrete example for yourself and discussing it with your partner can help both of you to clarify the concepts.

Coach/Partner's note:

Handout K: Ready for Change? is a simple example of the "Stages of Change" with sample activities that help at each stage. There are many more activities. For additional ideas, consider your gut feelings about what might help and consult other sources on stages of change.

Step 4: During the next week to 10 days, each partner should choose a staff person with a problem behavior. If it seems appropriate, talk with the staff person. If not, simply observe. Each day, take a few moments to note in your journal what you observe. Identify this person's stage of change on this particular problem. Use Handout K as a guideline.

Your journal should describe the problem situation, give examples of the problem behavior, explain why the behavior is a workplace problem, and mention anything you know about that person's readiness for change.

Step 5: Meet with your partner. Clarify for each other information about stages of change and offer support as you each do your assessment.

Each partner should critique the other's research into the problem, suggesting other aspects of this type of problem behavior or clues about readiness to change.

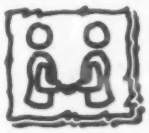
Step 6: Next, in your journal, consider strategies and activities that could help move the staff person with a problem from her current stage to the next stage. Consider how you, as a supervisor, can apply the theories on stages of change to addressing a real problem in your own workplace. Be sure to consider both personal changes that the person can make and changes in the workplace that can encourage change.

Look to your partner for encouragement and to be sure that you both stay clear in your roles. Avoid intervening in the staff person's problem unless there is a serious impact on the workplace or the person asks for your help.

Point to Consider:

- Supervisors want staff members to change behaviors that are detrimental to workplace functioning. Sometimes they jump in to push for change, knowing that it is for the common good. This activity is geared to encourage supervisors to slow down and look carefully at the staff person's readiness for change, so that the supervisor can design interventions that will be successful for everyone.

Activity 5: The Self-Change Contract



Purpose: Supervisors and peers learn to coach a person through a small behavior change, offering guidance, encouragement, and support. This demonstrates the **action** stage of change.

For this activity you will need:

- 3"-by-5" cards
- Handout L: Self-Change Contract

Step 1: Determine, with your partner, the desired behavior change. Ask your partner to observe his behavior over the next week, observing when the behavior occurs, what leads to it, what might be a trigger. See which situations might **encourage** a new positive behavior (such as taking up walking) or **discourage** a negative behavior (such as being where smoking is not allowed).

Step 2: Meet with your partner to discuss his observations and to fill out Handout L: Self-Change Contract. This contract is for a two-week period, to try out the change. Discuss the anticipated barriers, what to do to help meet his goals and who could be expected to help.

Step 3: Ask your partner to take 14 of the 3"-by-5" cards and carry them throughout the two weeks. At the end of each day, he should make notes about the day, including what was successful, what was not. These notes will help in your discussion at the end of two weeks.

Step 4: Be available throughout the two weeks for support and encouragement.

Step 5: At the end of the two weeks, meet to discuss the behavior change. Be sure that your partner has rewarded himself, as agreed, for successes.

Step 6: Discuss the degree of success. How could this be made better? What does your partner want to do to continue this change? How can you help?

Point to Consider:

- Behavior change is challenging; habits are entrenched. Be very supportive of small increments of improvement in healthy behavior.
- A contract is useful for someone who is ready to change. It will not be helpful for anyone who is not ready to take **action** for change.
- Many people do not believe that they need rewards; they believe that good behavior is its own reward. Encourage them to reward themselves in small ways. Rewards really do seem to help with the change process.

Next Steps: Ideas to Extend Practice

1. Determine which staff members are ready for **action** on a certain behavioral change. Form a support group for this change. Agree to meet, to talk and work together, and to provide ongoing support for each other.

2. Explore your community to learn whether someone has expertise in behavioral changes within the work setting. Invite that person to a staff meeting and discuss the changes your group is making—ask for feedback and suggestions.

3. Expand upon the beginnings in Activity 5: The Self-Change Contract, and encourage staff members to keep a journal that documents their long-term efforts toward changing a health behavior. This can be a personal document that needn't be shared with a coach.

Handout G: Batting Practice

Group A: You are the pitchers on the team. You can't hit and you don't intend to learn to hit better. You are convinced that what the team needs is:

- A different pitching rotation.
- More team meetings to review games.
-
-
-
-

Group B: You are older players who have seen this team go up and down. You have been thinking about what the team needs to improve its performance and you believe:

- We could use more batting practice.
- We also need more fielding practice.
- We soon will face some really lousy teams, so maybe we don't need to change just now.
-
-
-
-

Handout G: Batting Practice *(continued)*

Group C: You are enthusiastic rookies eager to try anything to improve the team. You have been listening to the coaches and fully agree that this team needs batting practice. You believe this because the team batting average is below .225 and last year the team had great hitters and won the pennant. You are:

- Studying the hitting patterns of the league's best hitters.
- Looking at catalogues for new bats.
-
-
-

Group D: You are a group that has decided batting practice is needed, and already have started to work on it by:

- Pairing up to practice your swings.
- Lifting weights to increase the power of your swing.
-
-
-
-

Handout G: Batting Practice *(continued)*

Group E: You are the team's star hitters. You have always been good hitters, and this year you average over .300. A couple of you, however, have been in slumps this month. You believe that the team needs:

- Longer practices.
- Another batting coach to offer more support, because you are a bit depressed about the slumps.
-
-
-

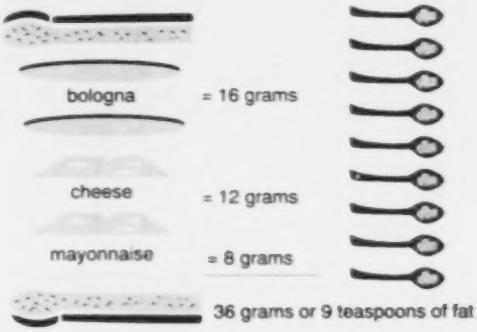
Handout H-1: Limiting Fat to 30% of Daily Calories

How much fat can I have?

It depends on your calorie needs. The Dietary Guidelines recommend that Americans limit fat in their diets to 30 percent of calories. This amounts to 53 grams of fat in a 1,600-calorie diet, 73 grams of fat in a 2,200-calorie diet, and 93 grams of fat in a 2,800-calorie diet.

You will get up to half this fat even if you pick the lowest fat choices from each food group and add no fat to your foods in preparation or at the table.

You decide how to use the additional fat in your daily diet. You may want to have foods from the five major food groups that are higher in fat – such as whole milk instead of skim milk. Or you may want to use it in cooking or at the table in the form of spreads, dressings or toppings.



The fat in some foods add up quickly. A bologna and cheese sandwich made with 2 slices (2 oz.) of bologna, 2 slices (1½ oz.) of cheese, and 2 teaspoons of mayonnaise counts up to about 36 grams of fat, about 9 teaspoons. However, a similar sandwich made with lean beef, lettuce, tomato, and lowfat mayonnaise, and served with a cup of nonfat milk instead of the cheese, has only about 6 grams of fat. **Note: 4 grams of fat = 1 teaspoon.**

Here are some selection tips

•Use lean meats and skim or lowfat dairy products.

• Use unsaturated vegetable oils and margarines that list a liquid vegetable oil as the first ingredient on the label.

• Read nutrition and ingredient labels on food packages to check the kinds and amounts of fat they contain.

• Limit use of food products that contain large amounts of saturated fats. Examples are nondairy creamers and rich baked products such as pie crusts and other pastries, cakes and cookies.

For use with Activity 2

Handout H-2: Limiting Fat to 30% of Daily Calories—Sample Menus

Total Calories: 1,979 % Fat: 28	**Total Calories: 2,248 % Fat: 27**	**Total Calories: 2,993 % Fat: 29**
Breakfast:	***Breakfast:***	***Breakfast:***
1/2 cup orange juice 3/4 cup corn flakes 1 cup nonfat skim milk with vitamin A	1 cup orange juice 3/4 cup corn flakes 1/2 english muffin 1 tsp. margarine 1 cup skim milk	1 cup orange juice 3/4 cup presweetened corn flakes 1 bagel 2 tsp. margarine 1 cup skim milk
Lunch:	***Bag Lunch:***	***Sandwich Shop Lunch:***
1/2 banana 1 cheeseburger 1 small order of french fries 1 diet cola 1 tsp. catsup	tuna sandwich: 2 slices of bread 3 oz. water pack tuna tomato, celery, relish 4 tsp. mayonnaise 3/4 oz.. bag pretzels 4 homemade oatmeal cookies 1 medium cola	roast beef sandwich 2 cups tossed salad 3 tsp. thousand island dressing 1 medium cola
Snack:	***Snack:***	***Snack:***
1 bagel 2 tsp. jelly 1 cup fruit punch drink	4 multigrain, low-fat crackers 3/4 oz. low-fat cheese water or noncaloric beverage	turkey & cheese sandwich: 2 slices of bread 1 oz. turkey breast 1 oz. low-fat cheese lettuce, tomato, pickle 2 tsp. mayonnaise 3/4 oz. bag pretzels 5 ginger snaps 1 cup orange juice
Dinner:	***Dinner:***	***Dinner:***
chicken stir-fry: 3 oz. skinless, roasted chicken meat 1/4 cup broccoli, chopped, raw 1/4 cup onions, chopped, raw 1/4 cup carrots, no salt 1 tsp. soy sauce 1/3 cup white rice 1 cup mung bean sprouts 1 tbsp. corn oil 1 cup instant, unsweetened tea	3 oz. broiled chicken breast, no skin 1 boiled potato with tub margarine 4 tomato slices 1 slice of bread 2 tsp. margarine 1/2 cup strawberries 1 container nonfat yogurt water or noncaloric beverage	3 oz. chicken cacciatore 1/2 cup green beans with tub margarine 1 cup rice with tub margarine 1 slice of bread 1-1/2 tsp. margarine 15 grapes 1 cup nonfat yogurt, fruit flavor water or noncaloric beverage
Dessert:	***Dessert:***	***Dessert:***
1 cup ice cream-10% fat 1/2 cup diet soda	1 homemade cupcake 1 cup skim milk	1/8 of 9" homemade apple pie 1 cup skim milk

For use with Activity 2

Handout I: Strategies to Help Change

Group	Sample Strategy	Other Strategy
A: Precontemplators	*Consciousness Raising* *- posters in staff room* *- tasting of delicious low-fat foods* -	
B: Contemplators	*Emotional Arousal* *- models of fatty foods to be disgusted by* *- lovely pictures of people who are healthy and trim* *- scary stories of people who became very ill after practicing unhealthy behaviors* -	
C: Preparation	*Commitment* *- make plan of action* *- go public* *- set a date* -	
D: Action	*Contracts & Rewards* *- write up contract* *- choose specific rewards* *- reinforcement for behavior* -	
E: Maintenance	*Countering* *- relaxation* *- positive self-statements* *- any alternative behaviors (substitutions)* -	

For use with Activity 2

Handout J: The Basic Back **Activity:** _____

How I Do Things Now & Why	What I Can Change

For use with Activity 3

Handout K: Ready to Change?

Area of Change Considered: _____

Questions	Stage of Change/How To Help
Is the person: • uninterested in the subject? • not admitting a need for change? • not receptive to discussion of this?	**Precontemplation:** • gently provide information • gently recommend change • help person to be in places that encourage change and that don't encourage the old behavior
Is the person: • aware of the need for change? • talking about possibilities? • confident that she will make a change soon?	**Contemplation:** • provide facts • be willing to listen • encourage emotional responses to the negative aspects of the current behavior
Is the person: • making concrete plans to change? • evaluating the pros and cons of the change?	**Preparation:** • support in preparation for action • be willing to listen, but do not push • offer information on helping groups or programs
Is the person: • actively changing now? • ready to write a contract for change? • enrolled in a class or participating in a group?	**Action:** • participate together in healthy activities • provide agreed-upon rewards • help person to find alternative behaviors, substitutions; rearrange situations to decrease "cues" for old behavior
Is the person: • already changed; concerned about relapse?	**Maintenance:** • be on call for support • give regular reinforcement and compliments

For use with Activity 4 & Activity 1 - Module 5

Handout L: Self-Change Contract

Head Start

Self-Change Contract

I, _____, do hereby agree to begin my change as of

_____, _____, and to continue it for a minimum period of _____.
(Year)

What I plan to do is: _____.

The barriers I anticipate are: _____.

My support persons and what I want of them are: _____

_____.

Short-term (daily) rewards are: _____.

Long-term rewards will be: _____.

_____ _____

Signature Witness

For use with Activity 5 & Activity 7 - Module 5

Creating a Healthy Organizational Climate

Outcomes

After completing this module, participants will:

- *Improve their skills as part of a well-functioning team that supports the health practices of workers.*
- *Identify which community agencies can help to promote staff health.*
- *Draft recommendations for wellness-enhancing policies to submit to the Policy Council.*

Key Concepts

A supportive work environment encourages team spirit and provides a good background for staff members' efforts toward their own wellness.

Team functioning is improved by:

- **having shared goals and agreed-upon expectations for each member's work performance**
- **understanding and accommodating diversity in cultural background, abilities and disabilities, lifestyle, language, and work styles**
- **encouraging open communication and attending to different communication patterns among team members**
- **making the team a supportive and safe place to share challenges and frustrations**
- **having effective methods to resolve conflicts**

Workplaces that nurture the skills and practices noted above contribute positively to their workers' mental health and enhance these workers' ability to model healthy behaviors for the community.

Work groups can link with community agencies that offer many health-supporting services and activities: e.g., EAPs, recreation centers, stop-smoking programs, 12-step programs, support groups.

Background Information

A. Organizational Climate

We all belong to a variety of cultures. We are part of U.S. culture, and part of our own ethnic, religious, and neighborhood cultures. As part of those cultures we have much in common, yet each of us is unique. People coming together in a workplace form another culture. They share a great deal of time together (about half of their waking hours) and are engaged with each other and with the larger community in which their organization functions. Because their work is overlapping, they develop certain systems to assure a smooth functioning of the work day and the accomplishment of necessary tasks. In most organizations, there are two cultures:

- The official culture. This directs members' work through guidelines on hours, dress, and manner of interacting with co-workers and community members. This culture is often expressed in written rules and policies.

- The real culture. This is the subtle feeling a person gets when she enters the workplace. These are all of the unexpressed norms of the workplace, things the employee doesn't know until she has worked there for a while, such as expectations of effort, hours worked vs. hours clocked, acceptable language, attitudes toward clients, acceptance of variety in work style.

As with any culture, there are varying degrees of "fit" among the members. Some people are comfortable at a workplace right away. Others are somewhat uncomfortable. These workers either adjust to the majority culture, make changes, or move on to more comfortable workplaces. Our vision for Head Start workplaces is that they will be open to diverse cultures so that a wide variety of workers can feel comfortable and productive.

B. The Workplace and Health

People who are uncomfortable and unhappy in their workplaces are likely to be unhealthy. To compensate for their discomfort, they may act out in ways that make other workers uncomfortable, or they may take on unhealthy behaviors to comfort themselves (e.g., overeating, working excessively hard, refusing to communicate, being frequently absent, using alcohol or other drugs to calm down at the end of the day).

The most effective teams of workers will share goals and have clear understandings of roles and responsibilities. They will allow a diversity in work styles, supporting each other in their own ways of getting the work

done. They also will support the variety of personal health habits that lead to wellness.

When working with children, certain basic requirements limit the acceptable work styles. Children are active, engaging and playful, so people whose work styles require great structure and quiet are probably not suited to interact daily with children. It is a challenge for a supervisor to select staff who represent the qualities necessary for the child care workplace, recognizing that many people can work in this setting but a few cannot.

> ***Trainer/Coach's note:***
>
> *Concepts in this module are related to concepts in the Management series of Training Guides for the Head Start Learning Community and to the technical guide* **Promoting Mental Health.**

C. The Benefits Package

Employers provide many benefits to workers in addition to their salaries: health insurance (preventive and therapeutic services), life insurance, paid time off, employee assistance and wellness programs, and flexible leave to care for children or other dependents. Salaries and benefits play an important part in the development and maintenance of a healthy workplace.

Questions for Discussion/ Reflection

- Consider the workplaces you have experienced over the course of your career. Can you identify factors that led to a good or a bad fit?
- What are the special characteristics necessary for work in Head Start? How do diverse styles complement each other?

Module 4

Activity 1: Goals and Roles

Purpose: The team members clarify the organization's goals and their roles to encourage smooth functioning.

This activity is most effective when the participants represent a variety of disciplines within the management team.

For this activity you will need:

- Blackboard or flip chart
- Writing materials for participants
- Six to 10 large sheets of construction paper
- Large marker for each participant
- Brightly colored circles of paper, about 3" in diameter, at least three for each participant
- Tape or pushpins

Step 1: Post the mission statement from the Head Start enabling legislation on the blackboard or flip chart. Make sure the participants are familiar with this statement, understand it, and recognize where it comes from. The statement:

The overall goal of the Head Start Program is to bring about a greater degree of social competence in children of low-income families. By social competence is meant the child's everyday effectiveness in dealing with both present environment and later responsibilities in school and life. Social competence takes into account the interrelatedness of cognitive and intellectual development, physical and mental health, nutritional needs, and other factors that enable a developmental approach to helping children achieve social competence.

Step 2: Ask participants if they have anything to add to this—anything that they feel is crucial to their own Head Start agency's goals, which may not be explicit in the legislated goal. Add those words to the Head Start mission statement. Confirm that the additional statements reflect the mission of this Head Start program.

Step 3: Ask your participants to form pairs, and each person should take five minutes to describe her job to her partner. The partner should listen closely and take notes.

Step 4a: After five minutes, ask them to switch roles and have the other partner describe his work.

Step 4b: ***(For Trainer)*** While the group is doing this activity, take large sheets of construction paper and write the main phrases from the Head Start mission statement or the local program mission statement on different sheets. For example, one sheet might read, "build child's everyday effectiveness," another "cognitive and intellectual development of children," or "assist low-income families." Post these on walls around the room.

Step 5: Give each person three circles of paper. Now ask each partner to take a few moments to reflect on the other's role, and to choose three key responsibilities that describe what this person does. Write one key responsibility on each circle, with the person's name. Have extra circles available if needed.

Step 6: Ask them to get up and stick each circle under the appropriate large construction paper sign, indicating which part of the mission the role supports. If a circle does not fit under any part of the mission, hold it.

Step 7: Explore five main questions:

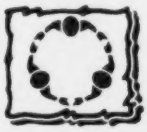
- Do our roles fit nicely under the mission?
- Are what we do and what we believe we must do congruent?
- Do parts of the mission get too much attention?
- Do we do anything that does not support any part of the mission? (These are the circles that don't have a home.)
- Is there any part of our mission that is not articulated?

Step 8: Discuss the following questions: What does this exercise tell us about how we see our roles and our mission? Do we need to make any changes in how we organize our work? If we agree that sharing a mission is important, how can we restructure our working situation so that we all share in the mission?

Points to Consider:

- Understanding clearly an organization's goals is the first key to effective operations. If all are in agreement with the goals, they can work together in harmony.
- Consider what happens to an organization when not all of its members agree on its goals. How can sharing goals help a team to perform better?
- The second key is to clearly articulate each player's role in meeting the organization's goals. Notice how jobs are distributed. Is there too much overlap? Is anyone spread in too many directions?
- Reinforce the main point of goal and mission statements: They give us something to work toward, a common place toward which we travel.

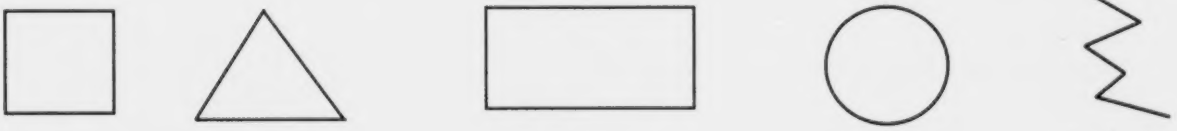
Activity 2: Our Organization's Working Styles



Purpose: Managers will identify their own work styles and see them in the context of others' work styles, and develop skills to work with staff with differing styles more effectively.

For this activity you will need:

- Handout M: What Do the Shapes Mean?
- A box
- Many cutouts (about 6" by 6") of the following shapes:



Square Triangle Rectangle Circle Squiggle

Step 1: Explain that there are many ways of looking at working styles, and today we are using shapes to describe our styles.

Step 2: Pass a box containing the cutout shapes around the room. Ask each person to select a shape he thinks could represent his working style. Ask him to think about why this represents his style and to write notes on the back of the shape.

Step 3: Ask the group members to get up and gather at five tables, one table for each shape.

Step 4: In the smaller group, they should tell each other why they chose the shapes they did. If needed to prompt discussion, distribute Handout M: What Do the Shapes Mean?

Step 5: Now ask each group to choose a reporter to lead the group in a discussion of similarities in style within the group. Then ask them to consider a workplace situation for their group: You have just had a very bad experience with a parent in Head Start. The parent is angry because her child has been teased by other children and you are being blamed; you are very upset. How

would you handle that? Consider how your co-workers could help you.

Step 6a: ***(For Trainer)*** While the groups are discussing, prepare a flip chart paper with the five symbols drawn across the top.

Step 6b: After 10 minutes, bring the groups together. Ask the reporter for each group's shape to briefly describe the working style or characteristics of their group. Then ask them to respond to the question about the difficult situation.

Step 7: As each group reports, write key words on flip chart paper underneath the group's symbol, indicating how the members would like to be helped in the difficult situation.

Step 8: Discuss what's alike and different about how people want to be helped.

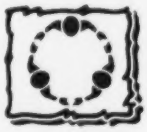
Step 9: Consider the following questions: Do we, as program managers, directors and Policy Council members, establish the climate for staff to work through difficult situations? To help each other? To receive support? How can we improve our climate?

Step 10: If time permits, pose additional challenging situations to the group. Distinguish between the members' differing needs and styles to handle the same situation.

Points to Consider:

- Within our work group are people with several different styles, and they differ in the ways they want help from their co-workers.
- Understanding a co-worker's style and needs will make you much more effective in supporting that worker.
- Managers and board members are largely responsible for workplace climate. They can make it welcoming and supportive of staff by recognizing a variety of work styles and needs.

Activity 3: Supporting Healthy Behaviors



Purpose: Managers will increase their program planning and evaluation skills by framing the Head Start workplace's health promotion activities within the national goals of **Healthy People 2000.**

For this activity you will need:

- Flip chart paper
- Markers
- Handout N: Healthy People 2000

Step 1: Just as organizations have goals for effective functioning, people have goals for long and healthy lives. Distribute Handout N: Healthy People 2000 or use it as an overhead. Many people and organizations across the country are working on the goals in the **Healthy People 2000** initiative. Workplaces are important in achieving the goals.

Step 2: Tell the group about the three major domains in the **Healthy People 2000** goals:

- **Health Promotion** strategies are related to individual lifestyle—personal choices are made in a social context and can have a powerful influence over one's health prospects.
- **Health Protection** strategies are related to environmental or regulatory measures that confer protection on large population groups.
- **Preventive Services** include counseling, screening, immunization, or other medical interventions within clinical settings.

A workplace that wants to support workers' health in these areas needs an integrated approach. This group will be asked to draft an integrated approach to three issues.

Step 3: Divide your group into three sections. Assign each section an area: Health Promotion, Health Protection, Preventive Services. Ask them to refer to Handout N: Healthy People 2000 and select one topic to address.

Step 4: List on a flip chart the areas that an integrated approach will consider:

- personnel policies
- work environment rules
- medical benefits
- workplace activities
- health education resources
- retirement plans

Step 5: Give each group a large sheet of paper and markers. Ask them to choose a reporter. List a chosen topic at the top. Underneath the topic, ask them to list anything they can do within their Head Start program to encourage workers' health in this area. They need to consider the integrated approach and include something for each section.

Step 6: Give the groups about 10 minutes to work. Then ask them to post their sheets and report to the group which activities they want to pursue.

Step 7: As each reporter lists his group's strategies, the others in the group can ask about the strategy and come up with more ideas for achieving the goal. Also ask the group to list any barriers to achieving the goal. Brainstorm ways to overcome these barriers. Note community resources for any of the changes.

Step 8: Encourage them to submit their recommended changes to the center Policy Council, after checking with the director to make sure they have considered all the barriers.

Points to Consider:

- Being part of a national campaign can help you find resources and validate your work.
- An integrated approach to workplace health takes into account more than what we normally think of as health promotion activities. Policies are important, too.

Activity 4: Community Resources

Purpose: Participants will build skills by investigating the community to identify resources for staff health needs.

> ***Coach Preparation Note:***
>
> *This activity will be most useful if a staff person is paired with a Health Services Advisory Committee member or a Policy Council member.*

Step 1: With the coaching participant(s), pick one health need that is important to your staff. Guidance in selecting this need could come from the results of other activities in this guide, such as How Healthy Is This Workplace (Module 1–Activity 2) or Culture, Community, and Health (Module 2–Activity 4).

Step 2: Identify an HSAC or Policy Council member who has an interest in employee wellness. Ask that person to meet with one or two staff members to identify resources. The meeting could be in person or over the phone. Set up that meeting.

Step 3: Ask the HSAC or Policy Council member to suggest to the staff any community resources that could help meet the identified health need.

Step 4: After the staff person has researched the suggested community resources, she should submit a report to the committee. Ask for the committee's support as you institute this wellness promotion service/resource.

Points to Consider:

- HSAC and Policy Council members have a wealth of knowledge and experience within the community. They are often difficult to bring to meetings, but might be willing to meet with one or two staff in an informal setting.
- The combination of committee and staff member working together adds strength to the recommendations for change when the issue comes to the decision-making body.

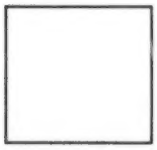
Next Steps: Ideas to Extend Practice

1. Refer back to Module 3 and consider the stages of change. Look at your organization in light of the changes proposed to improve employee health. At what stage of change is the organization? Are the administrators at different stages of change? What can you do to move the administrators closer toward action on the desired change?

2. We have a mission statement for the entire organization. In small work groups, or individually, write a mission statement for a small group or self. Clarify with the supervisor that the smaller mission is compatible with the larger, then keep that as support for what you are doing.

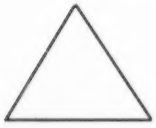
Handout M: What Do the Shapes Mean?[8]

Square:



Good at following rules
Organized
Every pencil in place in the office
Likes things in writing
Tends toward solitary pursuits

Triangle:

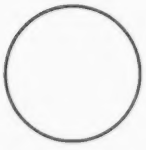


Organized and systematic
Likes to do the "right" thing
Good at politics
Can get overcommitted and burn out
Decisive and ambitious
A power player

Rectangle:

A shape in transition, thinking of making major life change
Creative, open to suggestions, loves ideas and opportunities
Sometimes appears scattered
Speaks what is on his or her mind
Not time-conscious

Circle:



People lover and pleaser of others
Tries to avoid conflict or hurting anyone's feelings
Good at talking with people
Puts others' needs first
Office is home-like and comfortable
Good cook and likes to socialize

Squiggle:

Creative, wants excitement
Procrastinates routine work, then zooms to get things done
Has a short attention span and hates routine
Artistic and dramatic
Spontaneous
Talks quickly

[8] Adapted from: Susan Dellinger, *Psycho-Geometrics*, (Englewood Cliffs, N.J.: Prentice Hall, 1990).

For use with Activity 2

Handout N: Healthy People 2000

Healthy People 2000 has three goals:

- Increase the span of healthy life for Americans.
- Reduce health disparities among Americans.
- Achieve access to preventive services for all Americans.

And more than 300 measurable objectives related to the following areas:

Health Promotion

- Physical Activity and Fitness
- Nutrition
- Tobacco
- Alcohol & Other Drugs
- Mental Health & Mental Disorders
- Family Planning
- Educational & Community-Based Programs
- Violent & Abusive Behavior

Health Protection

- Unintentional Injuries
- Occupational Safety and Health
- Environmental Health
- Food & Drug Safety
- Oral Health

Preventive Services

- Maternal & Infant Health
- Heart Disease & Stroke
- Diabetes & Chronic Disabling Conditions
- Cancer
- Sexually Transmitted Diseases
- HIV Infection
- Immunizations & Infectious Diseases
- Clinical Preventive Services

For use with Activity 3

Module 5

Weight and Wellness—A Classic Worksite Issue

Outcomes

After completing this module, participants will:

- *Apply the general principles of health promotion in the workplace (described in Modules 1-4) to the issue of weight and wellness.*
- *Develop strategies, as a team, to help staff achieve healthy weights.*

Key Concepts

Why be concerned about weight in the workplace?

- Severe overweight, underweight, and eating disorders can affect a worker's performance.
- Severe overweight, underweight, and eating disorders cause physical and emotional pain for those affected—on and off the job.
- Workplaces have their norms that affect workers' weight, and can help or hinder workers to achieve healthy weights.

What does weight mean for our staff members?

- Workers' feelings about their bodies, and their individual concepts of "right weight," affect their emotional health.
- Workers' size can affect their willingness to engage in a variety of health-promoting activities, including exercise.
- Weight is a very touchy issue and can lead to conflict and confusion.

How have people managed change in the area of weight control?

- Society pushes our readiness to change with many advertisements for weight control.
- Changing body size in adults is extremely difficult.
- Changing for better health with a focus away from weight is a philosophy that shows great promise.

How can we create a climate where healthy weights are the norm?

- A healthy workplace will foster a climate of acceptance and nondiscrimination.
- The workplace will also encourage healthy exercise and low-fat eating.

Background Information

A. Prevalence of the Problem

There is little agreement on what constitutes a weight problem. However, there are three general categories of weight problems: overweight, underweight, and eating disorders. This table gives the generally suggested weights for adults.

Height†	Adult Weight in Pounds‡
4'10"	91 to 119 ♂
4'11"	94 to 124
5'0"	97 to 128
5'1"	101 to 132
5'2"	104 to 137
5'3"	107 to 141
5'4"	111 to 146
5'5"	114 to 150
5'6"	118 to 155
5'7"	121 to 160
5'8"	125 to 164
5'9"	129 to 169
5'10"	132 to 174
5'11"	136 to 179
6'0"	140 to 184
6'1"	144 to 189
6'2"	148 to 195
6'3"	152 to 200
6'4"	156 to 205

† Without shoes. ‡ Without clothes. ♂ The higher weights in the ranges generally apply to men, who tend to have more muscle and bone; the lower weights more often apply to women, who have less muscle and bone. Source: Derived from National Research Council, 1989

There is cause for concern if a person weighs 20% above or below the suggested range. Frame size, amount of muscle vs. fat tissue, heredity and health conditions can affect weight. Someone outside of the range may be enjoying excellent health, and people well within the recommended ranges can have a variety of problems related to eating and weight.

At least one in four adult Americans is overweight. Far fewer Americans are under their recommended weights. How many people suffer from a weight or eating disorder is unknown.

B. Effects of Weight Problems [9 10 11]

Weight affects health in at least three dimensions:

- **Physical Health**—Health care professionals and researchers agree that extreme overweight and extreme underweight are associated with increased risk of illness, injury, and death. Being overweight can cause high blood pressure, strokes, joint problems, and can limit mobility. Being underweight can decrease bone density, which increases risk of fractures, and suggests there are inadequate nutrients for growth. People who worry about weight—whether overweight or underweight—often diet, which risks their physical health. Frequent dieting stresses the cardiovascular system and jeopardizes the person's nutritional well-being. Anorexia (refusing to eat to the point of starvation) and bulimia (eating great quantities of food, then vomiting/purging) are both very hazardous behaviors of people who are not generally considered overweight.

- **Mental/Emotional Health**—People whose physical appearance is not valued by their peer group suffer in self-esteem. Those who go to great lengths to alter their physical shape (for example, through severe weight reduction diets or excessive bodybuilding) may lose perspective on other important aspects of their lives and feel like a failure when their desired changes do not occur.

- **Social Health**—Some people believe that being against "fatness" is the last acceptable prejudice in our society. It is well-documented that people larger than the norm have greater difficulty in finding jobs and housing and are less likely to develop happy relationships.

C. Weight in the Workplace

A workplace is a sociable place, but a person's weight or preoccupation with weight/eating/exercise can cause friction. Cultures differ on their perspectives about food, weight, attractiveness, and physical exercise—which translate into people's attitudes and behaviors. As with any health issue, job performance can suffer from a weight problem. One Head Start director was concerned because she needed to make special accommodations for a home visitor whose large size affected her mobility; a health coordinator expressed concern that a teacher's preoccupation with dieting was affecting her willingness to serve children she perceived as "too fat" as much food as they wanted.

D. Addressing Problems with Weight

The great majority of Americans trying to change their weight are trying to lose weight. But, despite great effort and millions of dollars spent on weight loss products and programs, success rates are very low. Many people drop out of weight loss programs; of those who complete a program nearly all regain the weight within a year.

The great unlikelihood of adult Americans significantly reducing their weight has led one large health maintenance organization to tell its practitioners to stop advising people to lose weight and to focus instead on making changes in behavior that can lead to overall good health. These changes might, indeed, lead to weight loss, but the goal is overall health.

Questions for Discussion/ Reflection

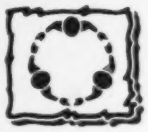
- Has concern with weight been an issue in your workplace? How has it been addressed?

[9] John P. Foreyt and Georganna Leavesley, "Behavioral Treatment of Obesity at the Worksite," *Health at Work*, (Hillsdale, NJ: Lawrence Erlbaum Associates, 1991).

[10] U.S. News & World Report, "Fat and Fit," (May 16, 1994).

[11] Kaiser Permanente Medical Care Program in Northern California, *Health and Weight at Kaiser Permanente: A Draft Discussion Paper*, (August 1994).

Activity 1: Exercising Our Way to Better Weight Together



Purpose: Managers will develop a centerwide plan to increase the number of staff enjoying healthy weights, decrease bad feelings among staff regarding weight issues, and promote increased activity regardless of size.

This activity is for health coordinators or other managers.

For this activity you will need:

- Handout K: Ready to Change? (Module 3)
- Handout O: Where We Are with Weight and Exercise
- Handout P: Exercise Facts
- Handout Q: Ready to Change to More Exercise?
- Flip chart paper
- Markers

Step 1: Review the background information on Wellness and Weight. Tell the group that we are gathering to discuss a plan for promoting healthy weights among all staff.

Review the four principles of worksite wellness, as described previously in this training guide:

- Why be concerned about this problem?
- What does this issue mean to our staff members?
- Are we ready for change? What strategies might work?
- How can we create a climate to support this change?

Step 2: In this step, we will consider the first two principles. Distribute Handout O: Where We Are With Weight and Exercise, and ask each staff person to fill it out.

Step 3: After participants have completed the questionnaire, engage in a group discussion. Using two separate sheets of flip chart paper (or two sections of blackboard), lead a discussion on the first two principles:

- Why do we care about this?
- What does our staff think about this?

Step 4: The group will supply reasons for developing staff wellness activities related to weight and wellness.

Step 5: The third principle is "Are we ready for change?" and "How have people managed in the area of weight control?" There are many ways that a person can change her behavior to achieve "weight-wellness": eat less, weigh every day to check, exercise more, buy new clothes, eat certain kinds of foods, develop a different attitude. There are pros and cons to each of these approaches except:

Exercise!

Becoming more active is a no-lose situation. Physical activity is good for people regardless of their weight. If weight loss is a by-product of increased exercise, that is well and good. Therefore, a worthwhile goal for staff health is to get everyone moving in a way that is comfortable.

Step 6: Tell the group that now you will be looking at staff readiness to make a specific change: more physical activity. Distribute Handout P: Exercise Facts. Be sure that everyone is clear on the suggested change: more moderate-intensity exercise for staff.

Step 7: Now ask participants to consider the members of their work group in terms of readiness for change. Distribute Handout Q: Ready to Change to More Exercise? and ask the group to fill it out. Distribute Handout K: Ready to Change? as background information.

Trainer's note:

Your processing of this step will vary depending on the make-up of your group. If your participants all come from one group that works together day-to-day, you can fill out Handout Q together. If several work groups are represented, they can work in teams or individually. Represent each team/group by letter A, B, C, etc., in your discussion.

Step 8: Use another sheet of paper and ask participants to describe their staff members in terms of their readiness for change. You will want a table such as the one below.

Goal: To increase the level of activity/exercise among staff members					
Group Name	**% Precontemplators**	**% Contemplators**	**% Preparers**	**% Actives**	**% Maintainers**
A					
B					
C					
D					
E					

With your participants, determine which is the largest group. Are the majority of staff members not interested in activity and not willing to become more active (**Precontemplators**)? Or is your largest group already committed and ready to jump into whatever exercise program they can find (**Preparers**)? Your next steps will focus on this group.

Step 9: Your participants will now split into two planning teams. One team will look at strategies to encourage exercise that focus on the individual staff members. (Refer to *Module 3: Making Changes to Behavior for Better Health.*) The other team will consider what can be done to encourage an organizational climate that promotes active lives for staff members. (Refer to *Module 4: Creating a Healthy Organizational Climate.*) Divide into the two groups: Individual Activities and Organizational Change.

Step 10: Give each group a sheet of paper and a marker and ask the participants to brainstorm ideas for a Head Start Center: What can be done to encourage activity among staff members? Allow 10 minutes for brainstorming.

Step 11: Bring the groups back together and ask them to present their strategies. Discuss with the groups the steps to put this plan into action. Where are the supports? What barriers can be expected? What resources will we use to overcome barriers?

Step 12a: ***(If your group represents staff from one center):*** Ask for a small team of volunteers who will take the leadership in implementing this plan. Agree that the group will report progress and difficulties at management team meetings so that the plan can be revised as needed.

Step 12b: ***(If your group represents managers from several centers):*** Divide the group so that all of those who work closely can develop one plan. Ask each small group to establish a plan for implementing the best suggestions from the brainstorming: What do they want implemented at their own center? Ask them to make a plan for review and revision over time.

Points to Consider:

- Each of the previous modules covered an important principle in work site health promotion. It is important to consider each step in designing a program. How did this work with Weight and Wellness?
- Which steps and which of the principles are easiest? Which are most difficult?
- Be sure that your participants' strategies to encourage change match the stages of change identified in Step 8.

Activity 2: Consulting on Weight and Wellness

Purpose: Managers will improve their skills in helping staff to move toward greater wellness with their weight.

For this activity you will need:

- Handout L: Self-Change Contract (Module 3)

Step 1: Review the background information on weight and wellness. Work with a staff person who has expressed interest in this issue. Be sure the person wants you to coach her on this behavior change.

Step 2: Ask her why she has concerns about weight. Does she consider herself overweight, underweight, or excessively preoccupied with weight and food? Is she concerned about other staff members' attitudes toward her?

Step 3: Assess her readiness to make changes toward greater wellness. Is she ready to become more active? To reduce the fat in her diet? To engage in activities that support her for herself so she is more comfortable with her size?

Step 4: Ask her to propose one area of change that she is ready to make. Work through the change with her, using Handout L: Self-Change Contract from *Module 3: Making Changes in Behavior for Better Health.* Offer encouragement and support as she goes through the change process.

Step 5: Assess the organizational climate for supporting this staff member in her desired change. What could be done to improve support?

Points to Consider:

- Be sure that you take enough time to assess your staff member's readiness to change. Be sure that she has not decided to change because of pressure from others. People succeed in making changes when they want to change for themselves, not for others.

- Lack of exercise and a high-fat diet may not be the only reasons a person is overweight. Some people eat poorly because of illness or depression. It is important to assess the situation clearly. If you suspect that you are unable to handle some complicating factors, enlist the staff member's primary health care provider and specialists in your community if necessary.

Next Steps: Ideas to Extend Practice

1. Consider another significant staff health issue. For example: bad teeth, risky driving habits, over-reliance on alcohol for celebrations. Follow the Module 5 process to develop a plan to address this issue.

2. Look in the community for supportive programs or people dealing with healthy weight. Are there exercise programs especially for large women? A nutritionist who is a whiz at converting favorite recipes to lower-fat variations? Are there public figures who exude health and vigor regardless of size? Invite these people to your center for discussions.

3. Explore weight-reduction programs for those who wish to use them. Develop expertise in evaluating these programs in terms of their philosophy, cultural appropriateness, success rates, and long-term maintenance.

Handout O: Where We Are with Weight and Exercise

Consider your Head Start center staff. Is anyone at your center overweight? _____
Does that affect their job performance? _____ How?

Is anyone on your staff underweight? _____ Does that affect their job performance? _____ How?

Are any staff overly preoccupied with weight or dieting? _____ Do you suspect any of them have an eating disorder? _____ Does that affect their job performance? _____ How?

Like most Americans, your center's staff members probably are not very physically active. Are there job problems based on inactivity? _____ What are the problems?

How does your staff feel about overweight, underweight, fatness, dieting, and bingeing?

For use with Activity 1

Handout P: Exercise Facts

Lack of exercise is associated with lower productivity, less mental alertness, feeling sluggish, heart problems, high blood pressure, excess weight and back and joint problems. Moderate physical activity can reduce risks in all of these areas. Physical activity is also an excellent stress reducer and muscle strengthener. [12] [13] [14] [15]

Moderate Exercise Goal:

- 20-30 minutes of aerobic activity (active enough to make you sweat and/or breathe heavily) at least three times a week.

- OR -

- An accumulation of physical activity (even if it is not strenuous) of 30 minutes every day, done at one time or spread throughout the day.

Activities That Condition Heart and Lungs:

aerobic dancing	bicycling
cross-country skiing	hiking (uphill)
ice skating/hockey	jogging
jumping rope	rowing
racquet sports	climbing stairs
swimming	mowing lawn
walking briskly	cleaning house

Ways to Become More Active Throughout the Day:

- Walk at lunchtime.
- Take the stairs instead of the elevator.
- If you take public transportation, get off a few blocks before your usual stop and walk the rest of the way.
- Walk or ride a bicycle on errands.
- If you drive, park a few blocks from your destination and walk.

[12] Krames Health Information Library, *Fitness*, (Daly City, California: 1983).

[13] National Heart, Lung and Blood Institute and American Heart Association, *Exercise and Your Heart*, (Bethesda, Md.: August 1993), NIH Publication No. 93-1677.

[14] National High Blood Pressure Education Program, *Working Group Report on Primary Prevention of Hypertension*, (May 1993), NIH Publication No. 93-2669.

[15] Russell R. Pate, et al., "Physical Activity and Public Health," *Journal of American Medical Association*, (February 1, 1995), Vol. 273, No. 5.

For use with Activity 1

Handout Q: Ready to Change to More Exercise?

Given the concept of exercising for health, consider your co-workers. How ready are they to add more physical activity in their daily lives? Can you place each co-worker at a specific stage of change? Refer to Handout K: Ready to Change? for clues.

In the table below, summarize your work group. Fill in the table, indicating the percentage of your co-workers in the precontemplation stage, the percentage in the contemplation stage, etc.

Stage of Change	Percentage of Co-Workers
Precontemplation	
Contemplation	
Preparation	
Action	
Maintenance	
Total:	**100%**

1. *Investigate local community colleges or universities for courses on health education and health promotion.*

   Look especially for those which delve deeper into the theory of "stages of change." Expand the information given in this guide in *Module 3: Making Changes in Behavior for Better Health* and become an expert on identifying the characteristics of the various stages of change.

   By increasing your knowledge in this area you will be able to assist staff members who wish to make healthy behavior changes and managers who want to set up health promotion programs.

2. *Go to the library or a bookstore and read a book on an area of wellness that interests you.*

   Look at listings for lectures or seminars on different wellness topics. Invite someone to look into this area with you. When you have learned more, share your information with family, friends, and colleagues.

3. *Choose one topic discussed in this training guide that interests you,* for instance:

   - smoking cessation
   - exercise
   - weight management
   - stress management
   - back care
   - etc.

   Explore your community for specialists in these issues. See how many strategies there are for helping people make this behavior change. Present your findings at your next staff meeting.

Workplace Health and Behavior Change Theory

Briggs Myers, Isabel. *Gifts Differing.* Palo Alto, Calif.: Consulting Psychologists Press, 1980.

This book describes the Myers-Briggs Type Indicator (MBTI), a personality-type indicator widely used in business. The book offers insight into why people act differently: because they look at the world differently. It offers suggestions for working with people with different personality types, suggesting patterns of communication that will be most useful with different types. There are many books on MBTI, and because of its wide use it is recommended that managers have a basic understanding of the concepts behind the MBTI.

DeFriese, Gordon and Fielding, Jonathan. "Health Risk Appraisal in the 1990's: Opportunities, Challenges and Expectations." *Annual Review of Public Health.* Volume 11. 1990.

This article is a good overview of the development of the health risk appraisals over the past 20 years. It discusses limitations of the instruments and their potential usefulness in an employee wellness program. The authors also note some areas where there may be further development in health risk appraisals over the next several years.

Minkler, Meredith A. "Ethical Challenges for Health Promotion in the 1990s." *Wellness Lecture Series.* Berkeley: 1993.

This 14-page paper provides an overview of challenges facing those who wish to work in health promotion — challenges concerning the concept of individual responsibility for health vs. the "response-ability" of people trapped in unhealthy situations. The author, a professor at the University of California at Berkeley School of Public Health, suggests that for most low-income people, threats to health come more from economic and social inequities than from individual health choices.

Minkler gives examples from several cities in California, describing how efforts to address "health" issues were irrelevant until finances, crime, or advertising campaigns were taken into account. She advocates for new efforts in health promotion that draw strongly from the concept of the "common good," and work for policies that make it possible for all members of a community to achieve good health.

National Heart, Lung and Blood Institute. *Strategy Development Workshop for Public Education on Weight and Obesity: Summary Report.* Bethesda, Md.: September 1992.

This summary of sessions at the workshop is divided into simple sections: epidemiology, strategies for prevention, issues in education, and communication strategies. The workshop considered obesity in children and adults. A great deal of background information is given, along with current research on health effects of obesity and treatments. The report addresses physical and social consequences of weight problems.

Prochaska, James O., et al. *Changing for Good.* New York: William Morrow and Company, Inc., 1994.

The authors have interviewed thousands of people over the past several years, investigating how people make behavior changes around a variety of problems: smoking, weight loss, distress/ depression, safer sex practices, and more. Through their research they have developed the concept of "stages of change" as a multistage process. Their research has shown that different practices help people at different stages of change and that applying the right practices enhances the chance of success in making the change. The six stages of change are: precontemplation, contemplation, preparation, action, maintenance, and termination. This book is for a lay audience and includes engaging case stories and self-assessment quizzes. Though written for individuals interested in self-change, the book also would be very helpful for anyone responsible for planning health promotion activities for others.

U.S. Department of Labor. *Trends in Health Benefits.* 1993. Available from the Government Printing Office, Washington, D.C. 20402.

This book surveys the types and availability of health and wellness benefits offered to employees in the United States. It discusses various types of health care financing, considers reasons for the recent rise in health care costs, and summarizes types of benefits available to workers in various industries. It is helpful in that it gives a complete picture of what is offered currently in the United States, allowing a manager to decide whether her company's benefits are generous, average, or below-average. By applying these statistics and analyses to her own situation, a manager could use the information to design or justify programs that might reduce health care costs.

Resource Booklets for Employee Health Promotion

Muchnick-Baku, Sonia and Caroline McNeil. *Healthy People 2000 at Work: Strategies for Employers.* Washington, D.C.: National Resource Center on Worksite Health Promotion, Washington Business Group on Health, 1991.

Taking specific objectives from *Healthy People 2000*, this booklet offers specific information for employers. It gives clear guidance on applying *HP 2000* strategies to worksites, with suggestions for large and small employers.

National Heart, Lung and Blood Institute. *Finding Resources for Healthy Heart Programs at Work.* Bethesda, Md.: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, NHLBI, 1992. NIH Publication No. 92-737.

This is a good resource for anyone beginning an employee health program. It is very clearly written and contains lots of information about resource publications and organizations. Although its focus is healthy hearts, it is applicable to a wide range of topics, since cardiovascular health encompasses many related topics.

U.S. Department of Health and Human Services, Public Health Service. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives.* 1991. Available through the Government Printing Office, Washington, D.C. 20402-9325.

Healthy People 2000 is a statement of national opportunities. Although the federal government facilitated its development, it is the product of a national effort, involving 22 expert working groups, a consortium that has grown to include almost 300 national organizations, and all state health departments. The usefulness of this document lies in its inspiration to all American agencies to collaborate on common objectives. It gives baseline data on many health issues, so that program managers can compare the health status of their own group with others in the country. There is specific information on ethnic minority populations and age-specific groups.

Resources

Organizations

National Institute for Occupational Safety and Health (NIOSH)
4676 Columbia Parkway
Mail Stop C-19
Cincinnati, Ohio 45226-1998
Telephone: (800)-35-NIOSH Fax: (513) 533-8347

NIOSH is part of the federal Centers for Disease Control and Prevention and is responsible for conducting research and making recommendations for the prevention of work-related illnesses and injuries. NIOSH will investigate potentially hazardous working conditions as requested by employers or employees. It has a large number of publications on workplace health. Information on publications and NIOSH activities can be requested through its 800 number.

Occupational Health and Safety Administration
U.S. Department of Labor
200 Constitution Avenue NW
Washington, D.C. 20210
Telephone: (202) 219-4667 Fax to receive documents: (900) 555-3400
Publications department fax: (202) 219-9266

OSHA is the primary federal agency concerned with workplace safety. It enforces workplace safety rules and offers consultation to businesses to improve workplace health and safety. By calling the OSHA fax number, more than 200 brief documents are available for the nominal telephone charge of $1.50 per minute.

Washington Business Group on Health (WBGH)
777 N. Capitol Street NE, Suite 800
Washington, D.C. 20002
Telephone: (202) 408-9320 Fax: (202) 408-9332

WBGH, a national nonprofit organization, promotes corporate competitiveness, productivity, and the well-being of American workers and their families through national health system reform. WBGH has 200 members, mostly Fortune 500 companies, whose staffs include some of the nation's most knowledgeable, progressive, and successful health care managers. WBGH and its member companies have been involved in public- and private-sector efforts to improve health care delivery for more than 20 years. WGBH offers conferences, meetings, and publications that address the spectrum of workplace health issues.

Head Start Resources and Policies

Information Memorandum: "Smoke Free Environment Materials." (April 17, 1995) Log No. ACYF--IM-HS-95-19

This IM gives information on the Smoke-Free Policy and lots of background information on smoking and health. It also covers the many questions that might arise from staff members and others regarding this policy, and suggests ways to smooth implementation.

Resource Guide on Head Start Employee Assistance Programs. Washington, D.C.: U.S. Department of Health and Human Services, Head Start Bureau, 1993. Available through the Head Start Publications Center.

This 16-page booklet gives an overview of Employee Assistance Programs (EAPs): the objectives of the programs, the different models available, how to start one, and brief descriptions of Head Start programs with EAPs in operation.

*U.S. G.P.O.:1996-721-277